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MEDICARE HOSPITAL INFORMATION

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Volume 22

MARYLAND

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FOREWORD

The mission of the Health Care Financing Administration (HCFA) is to promote the timely delivery of appropriate, quality health care to the nation's aged, disabled, and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible, and that agency policies and actions promote efficiency and quality within the total health care delivery system.

To that end, the annual release of the Medicare Hospital Information report is a key element in our continuing efforts to improve the effectiveness of medical practice and the quality of care provided to Medicare beneficiaries. It is also an important step in helping beneficiaries make more informed health care decisions.

The information in this release is not intended as a direct measure of quality of care. It is best used as a "screening tool"—that is, to identify potential problems for further review and, in consultation with medical staff, to evaluate a hospital's strengths and weaknesses. Thus, we believe that consumers can use this information to ask questions of their physicians, rather than reach judgments about the quality of care in a particular hospital. We also expect this information to be used by hospital administrators, physicians, peer review organizations, State survey and certification agencies, and researchers.

This publication presents information to answer the question "What is the actual mortality rate within a certain period of time for each hospital compared to the rate that would have been predicted, given what we know about the characteristics of the patients admitted?" Our basic approach to analyzing hospital mortality information has remained unchanged for the past five years; however, since the last publication of mortality information in May 1991, we have made some significant changes both in our methodology and in the way we display the results of our analysis. The four principal changes in the 1992 report are:

- A graphic presentation of the predicted and observed mortality rates for most hospitals for "All Causes" for Federal fiscal years 1988-1990 at 30, 90, and 180 days;
- The addition of information on certain variables that we use in computing the predicted mortality rates for each hospital;
- The addition of information on the geographic origin of each hospital's patients; and

- A comparison of the average length of stay in each hospital with the average for the State and Nation.

These refinements should make this information an even more valuable educational tool to help improve the quality of care in hospitals. The changes were reviewed by a panel of outside experts. The methodology used to calculate the observed mortality rate, the predicted mortality rate, and the standard deviation are briefly described in the Technical Information section of the Introduction to this volume and in more detail in the Technical Supplement (Volume 55).

We acknowledge the assistance we have received from the American Hospital Association—not only for providing the information detailing selected hospital characteristics, but also for alerting its members to the importance of this information. We are also grateful to the personnel in each hospital who took the time to review the data thoroughly and to provide us with comments and suggestions. As before, we have published individual hospitals' comments in their respective State volumes. Over the years, these communications have helped to improve and refine the information included in this publication.

HCFA is committed to improving the Medicare Hospital Information report. To that end, we are continuing to work with representatives of hospital, consumer, employer and other organizations to make this annual report as useful as possible for all consumers.

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INTRODUCTION

The Medicare Hospital Information report contains information on acute care hospitals that treated Medicare patients discharged in Federal fiscal year (FY) 1990 (October 1, 1989—September 30, 1990).

This year's publication set consists of 54 State volumes and a Technical Supplement (Volume 55). There is one volume per State, except that California and Texas have two volumes each, Hawaii is combined with American Samoa and Guam, and Puerto Rico and the Virgin Islands are combined together in one volume.

Each hospital's two summary data pages are arranged alphabetically by hospital name in each State volume. These data pages consist of:

- The hospital's FY 1990 Medicare hospital mortality rates;
- A graphic presentation of the predicted and observed mortality rates for **most** hospitals for "All Causes" for FYs 1988—1990 at 30, 90, and 180 days;
- The FY 1990 values for selected explanatory factors used to predict the mortality rates;
- Origins and lengths of stays of Medicare admissions; and
- Hospital characteristics, such as the number of beds and other characteristics, which we obtained from data contained in the American Hospital Association's (AHA) 1990 Annual Survey of Hospitals files or, when such information was not available from the AHA file, the Health Care Financing Administration's (HCFA) Online Survey, Certification and Reporting System (OSCAR) file.

> ***Please note that the information regarding origins and lengths of stays and hospital characteristics are presented strictly for information purposes only. They were not used to calculate the hospital's predicted mortality rates.***

Toward the end of each volume, we include both State and national mortality rates developed by our analysis, as well as the comments we received from individual hospitals.

DESCRIPTION OF MORTALITY INFORMATION

The mortality rates at a given hospital may reflect, among other factors, the age, sex, diagnoses, and severity of illness of patients admitted to that hospital, as well as the quality of care they received. Factors affecting health and the probability of death vary among the patient populations served by individual hospitals. Consequently, the mortality rates in different patient populations vary considerably.

These latest analyses of the mortality rates associated with Medicare hospitalizations are similar to those carried out in the four prior years. Only one hospitalization for every patient was used. As in last year's analysis, when a patient had multiple hospitalizations during the fiscal year, one stay was selected at random to be analyzed. We believe that the use of the randomly selected admission provides a better representation of a typical hospital admission and permits us to calculate mortality rates more nearly like those the hospital itself would calculate for its patients.

Although we publish data only on deaths which occur within 180 days of admission to the hospital, for purposes of analysis our methodology actually considers deaths which occur any time within 365 days of admission (with the exception that no date of death later than April 1, 1991 is used). This is part of the formula which assesses the long-term risk of mortality. With this approach, information about the early and later results of the hospitalization is provided. This is important because diseases evolve with different time courses, and treatments may have different short- and long-term effects. The choice of at least 180 days allows substantial followup consistent with timely reporting of HCFA data.

We again analyzed the data on a fiscal year, rather than on a calendar year, basis because it allows us to report on recent hospitalizations. Also, new Medicare rules are often instituted on a fiscal year basis.

For each hospital, mortality rates are presented for overall Medicare patient mortality and for eight medical conditions and nine procedures. The information consists of the number of Medicare patients; the observed or actual mortality rate (OBS); the predicted mortality rate (PRED), given the mix of patients; and a standard deviation (SD), a measure of the uncertainty of the predicted rate.

The following information will be helpful when reviewing specific information for any given hospital.

Number Of Cases

This is the number of individual Medicare beneficiaries whose discharge in a fiscal year from the short-term, acute care hospital listed was selected for analysis. The total number of cases randomly selected for each hospital is presented under the category "All Causes." The eight medical condition and nine surgical procedure categories are subgroupings drawn from the "All Causes" selection. Although a particular patient may appear in only one of the eight medical condition categories, that same patient may also appear in one or more of the nine surgical procedure categories. Similarly, a patient may appear in one or more of the nine surgical procedure categories, even though he or she was not included in any of the eight medical condition categories.

The categories chosen for display represent HCFA's interpretation of the categories judged to be important by various outside advisors including the Institute of Medicine. The listed condition and procedure categories do not cover the reason for admission of all the hospitalized Medicare patients in this study. (The ICD-9-CM codes included in each condition and procedure category appear in Table 1 following this Introduction section.)

These conditions and procedures represent the causes for the hospital admission and/or surgical episodes during that stay; they do not necessarily represent the cause of death. HCFA does not have access to cause of death information.

Observed Mortality Rate (OBS)

The observed mortality rate for each category is the percentage of each acute care hospital's selected Medicare patients who died within 30, 90, or 180 days of the selected admission. This rate does **not** represent the percentage whose death was caused by a particular condition or procedure.

The percentage is rounded to the nearest one-tenth of one percent. Both inhospital deaths and deaths occurring after discharge but within 30, 90, or 180 days of admission are included. For example, if a hospital had 1,000 patients included in the "All Causes" category and 124 of these patients died within 30 days of the selected admission, the 30-day observed mortality rate would be 12.4 percent; if an additional 17 patients died more than 30 but less than 91 days after admission, the 90-day observed mortality rate would be 14.1 percent; and if an additional 13 patients died more than 90 but less than 181 days after admission, the 180-day observed mortality rate would be 15.4 percent.

It is important to note that the observed mortality rate is cumulative; e.g., the 90-day observed mortality rate includes all deaths which occur within 30 days of admission, as well as those occurring more than 30 and less than 91 days after admission.

Predicted Mortality Rate (PRED)

The predicted mortality rate for each hospital's patients is derived in part by determining, based on national experience, the contribution to the probability of dying associated with various patient characteristics such as:

- Principal diagnosis (grouped into 23 analytical risk categories),
- Age,
- Sex,
- Previous hospital admissions within the prior six months,
- Admission source (e.g., physician reference, skilled nursing facility reference),
- Admission type (e.g., elective or emergency), and
- The presence of up to seven comorbid conditions—cancer, chronic cardiovascular disease, chronic renal disease, chronic liver disease, chronic pulmonary disease, cerebrovascular degeneration, and chronic diabetes. A list of the ICD-9-CM codes defining the comorbid conditions is in Table 2 following this Introduction section.

Standard Deviation (SD)

The standard deviation is a tool to gauge the extent to which the difference between the observed and predicted mortality rate is meaningful. In general, the greater the difference between the two rates, the greater the probability that the difference represents an actual variation from what would be expected in view of the national experience. The less chance that the difference between the PRED and the OBS can be attributed to statistical variability, the more grounds for possible concern about the institution's performance.

Information on how to use the SD to construct prediction intervals for use in assessing the real difference between the OBS and the PRED is included in the Technical Information section of this Introduction. The precision and interpretability of the estimates are weaker when there are no deaths or 50 or fewer cases in a particular category being analyzed. Thus, for these instances, dashes ("---") are placed in the SD column.

Observed Mortality Rate And Predicted Range For Medicare Patient Admissions For All Causes

Also in this year's report, we have presented graphs that display the information for most hospitals described above for FYs 1988 and 1989, as well as FY 1990. (In particular, these graphs could not be computed for hospitals that had 50 or fewer cases or no deaths in FYs 1988, 1989, or 1990). In constructing the graphs, we used 2 times the standard deviation to approximate a 95 percent prediction interval. The observed mortality is shown as a dot (•). The predicted mortality is shown at the middle of a range of mortality rates. The bottom of the range is the predicted mortality minus twice the standard deviation, and the top of the range represents the predicted mortality plus twice the standard deviation. The graphs for FY 1988 and FY 1989 are based on new random samples and new computations for this year's report. Thus, the calculations for some hospitals for FY 1988 and FY 1989 may be different from previous releases, because we are including more current data in this year's report.

FY 1990 Values For Selected Explanatory Factors Used To Predict Mortality Rates

This year's report includes the FY 1990 average at each hospital of many of the explanatory factors used to predict that hospital's mortality rates. This information provides a profile of the patients used in the analysis and should help to identify possible systematic coding errors in the claims data used to calculate the mortality rates. These percentages are derived from the patients included in the sample and should be applied to the total number of cases listed in "All Causes." It is important to note that neither the admission sources/types nor the comorbidities categories are mutually exclusive. For example, a patient could be both "referred by his personal physician" and "admitted for elective procedure." Similarly, a patient could have secondary diagnoses of both cancer and diabetes.

Information Sources and Notes

We believe that when the mortality rate information is properly understood and applied, it can be very useful; it can also be misleading if it is interpreted incorrectly. The information simply describes one of several possible outcomes at a hospital—postadmission mortality for Medicare beneficiaries.

Mortality information is not necessarily representative of a hospital's total performance in all aspects of patient care. Individual hospitals may have very good reasons for their rates being higher than the rates predicted by the HCFA model. For example, one hospital might have different death rates than another because its patient mix is not fully accounted for by the model.

Accordingly, we offered each hospital the opportunity to review their specific information and to provide comments to HCFA and the public, and we included those comments that were received timely at the end of this volume. Users should read the discussions about the uses and limitations of the mortality information found on page xiii, as well as any comments a hospital may have provided.

Hospitals In The Analysis

The hospitals included in this analysis are participating in Medicare as short-term, acute care facilities—all have a zero in the third position of their Medicare provider number. All other hospitals—those with something other than a zero in the third position of their provider number, such as rehabilitation facilities or psychiatric institutions—were excluded. This year, as in the past two years, we have also excluded hospices.

In some cases, we have included data for hospitals that closed, changed ownership, or changed management either during or subsequent to FY 1990. Our data included for those institutions reflects the situation as it existed at the time the hospitalizations analyzed occurred.

Data Sources

This report is based primarily on Medicare hospital billing information for Federal fiscal years 1988, 1989, and 1990. While the principal source of the data for the analysis was the HCFA-maintained Medicare Provider Analysis and Review (MEDPAR) file, which contains information about each Medicare hospitalization, some of the information about beneficiaries, such as date of death, was obtained from the Social Security Administration. Hospitals submit bills to HCFA's fiscal intermediaries (which handle claims for the inpatient care provided to Medicare beneficiaries) which, in turn, submit this information to HCFA. The file is updated on a quarterly basis. Our analysis was based on information available following the June 1991 update of the MEDPAR file. It is estimated that by that time (nine months after the close of the fiscal year), 98 percent of all Medicare discharges in FY 1990 are included in the file.

Possible Limitations Of The Data

In any large-scale data base, such as the one dealing with Medicare hospitalizations, there will be gaps or inaccuracies. For example, last year some hospitals had not accurately reported the source or type of admission, and thus erroneous information was included in the analysis for those hospitals. However, the fact that the files contain information on about 10 million hospital admissions to nearly 6,000 hospitals for each year provides some assurance that, for purposes of the statistical analysis conducted here, the information that might be

missing or inaccurate is such a small portion of the total that it would have little effect on the results for national estimates. Nevertheless, it may substantially affect an individual hospital if it were the source of the inaccurate information.

While we feel that the information used in this analysis is thorough and complete, there are a few points to keep in mind as you review the mortality information.

The information used is billing data; it is only as good as the information submitted by hospitals as part of the payment process. Although there is always a possibility that coding errors are included, we assume that, given the link to payment, hospitals have an incentive to submit bills accurately and promptly. We do know, however, that some hospitals submitted incomplete or erroneous data.

For example, following last year's public release of the hospital mortality data, several hospitals wrote to HCFA indicating that they had submitted incorrect data. Furthermore, they stated that if they had given us the correct information, their predicted mortality rates would have been higher than those presented in HCFA's report. Therefore, in this year's report we have annotated those hospitals' data pages with a footnote stating: "This hospital says that it submitted inaccurate data to Medicare and claims that its predicted mortality rate should be higher than that presented above." At this point, however, HCFA cannot confirm the validity of those hospitals' claims. The analysis results might very well be different if the data on which they were based were submitted accurately by those hospitals.

In our previous analysis of mortality data, we discovered that some States had zero admissions from a skilled nursing facility. While some of these problems were corrected on the MEDPAR files used for this analysis, at the time this study was initiated we found empirical evidence that some of the files still contained suspect information. The suspect data were identified by noting those months (date of discharge) and fiscal intermediaries for which the type and source of admission fields appeared to be interchanged. Based on our findings, we reversed these fields to at least partially correct the remaining discrepancies. The following list shows the specific instances for which the fields were reversed for this analysis.

TYPE AND SOURCE OF ADMISSION FLIPPED

FI No.	FI Name	Dates
00030	Arizona Blue Cross	10/01/86 — 12/31/88
00080	Maryland Blue Cross/DC	06/01/87 — 09/30/87
00190	Maryland Blue Cross	06/22/87 — 12/31/88
00400	Texas Blue Cross	12/07/87 — 12/31/88

How To Use This Information

There are several key points to remember about the use of this information. **First, it is important to understand that the difference between the hospitals' mortality rates and the predicted rates in the tables in this report may not be a direct measure of the quality of care rendered in the hospitals.**

Second, the usefulness of this information depends upon the accuracy with which mortality rates can be predicted. We do not currently have any direct measurement tool with which we can fully adjust for severity of patient illness differences among hospitals. For instance, two hospitals may have very different death rates for patients admitted for stroke, even after we have adjusted for age, sex, and several other factors. This might happen because one hospital's stroke patients may consist of a significant number who are admitted in a coma (and are thus more likely to die), whereas another hospital's patient population may represent a broader spectrum of patients with cerebrovascular problems, or because these two hospitals, in fact, do provide different levels of quality of care. In addition, other factors affecting the probability of death in a particular case (e.g., family status/support, overall health status of the patient, etc.) are not included in the predictive model because information on them is not readily available.

Nevertheless, we believe that the information presented in this publication is an important contribution to the health care community and should be helpful to a wide range of individuals and organizations including consumers, hospital administrators, physicians, PROs, and researchers.

Use By Consumers — Some Key Questions

Consumers should read carefully the explanations of the uses and limitations of the information. Listed below are some questions that we recommend a consumer think about before choosing a hospital. Please keep in mind that this is not a comprehensive list, but it should serve to illustrate the types of questions that are important to consider.

- Why are the hospital's observed mortality rates for "All Causes" consistently and significantly above the predicted rates for FY 1990?

- Why are the hospital's observed mortality rates for the condition for which I need treatment or the procedure I will undergo consistently and significantly above the predicted rates for FY 1990?

- How does this hospital's pattern of mortality compare with that of other hospitals in the State and Nation?

- Is the number of cases too small to present a satisfactory picture of the hospital?

- Does the hospital treat a large number of cases in the category for which I need treatment?

- Does the hospital treat a large number of patients who have several co-existing illnesses or who otherwise are likely to be "sicker" than average?

Other Users Of This Publication

Among other users of this publication, we expect that the hospital administrator (in consultation with medical staff) will find the information most useful as a screening tool to evaluate a hospital's strengths and weaknesses. We know that some hospitals and their medical staffs, using established and newly emerging quality assessment techniques, are seeking information that will result in improved health care delivery.

Outside Assistance In Developing This Publication

The development and presentation of the Medicare Hospital Information report continues to be an important part of HCFA's responsibilities in the health care community. To make the information as accurate and useful as possible, over the past several years we have discussed the theoretical framework and statistical approach with a number of nationally recognized technical experts in appropriate fields. Based on their recommendations, we believe that the models used in these analyses continue to be reasonable and appropriate.

In the past, we have conducted validation studies of our methodology. In general, these studies have found correlation between poor quality care and hospitals whose observed mortality rates significantly exceed the rates that would have been predicted. However, we have also found that detailed clinical data which more thoroughly characterize the severity of patient's illness, while they do not materially affect results describing the general pattern of mortality, do, in specific instances, alter our assessment of the comparison of the observed to the predicted mortality rates.

The format for presentation, the process for sharing the information with individual hospitals, and the statistical methodology have been discussed at various meetings with leaders of organizations representing Medicare beneficiaries, physicians, and hospitals. Also, we have spent many months reviewing the comments received from the hospitals regarding their patient-specific data for earlier years and our previous mortality information reports. Many suggestions from these sources have been incorporated into this report.

We have carefully investigated comments from individual hospitals on apparent discrepancies or errors generated in previous years. These discrepancies rarely had an effect on a hospital's overall mortality rate. Most of these instances fell into the following two broad categories.

- **Inaccurate Date of Death** — We found that inpatient billing coding errors (e.g., a hospital bill indicating that the patient's status at time of discharge was "expired" when the patient had, in fact, left the hospital alive) created many of these errors. We now have mechanisms in place that allow a continuous update of HCFA's master file, thereby enabling us to make corrections.

- **Discrepant Case Counts** — Our analysis counts only one acute care discharge in a fiscal year; normally, hospitals count each discharge. Thus, a patient admitted three times in a year would count three times for the hospital, but only once for the purpose of analyzing Medicare hospital mortality data presented in this report.

We believe it is important for consumers of health care to have access to as much information about hospitals as possible when making health care choices. Along with hospital characteristics information, we have added this year information about the origin and length of stay of Medicare admissions. This information is presented for comparative purposes only and was not used in calculating a hospital's predicted mortality rates. These data were not part of the analyses, and any errors or discrepancies in them do not affect the predicted mortality rates.

ORIGIN OF MEDICARE ADMISSIONS

Data on the geographic origin of each hospital's patients are presented in this year's report. We obtained from the Health Insurance Master file the State and county of residence for each Medicare beneficiary discharged from a Medicare-certified, acute care hospital during FY 1990. We then compared that information with the location of the hospital to determine the percentage of all discharges where the patient lived within the same city/county as the hospital location, within the State where the hospital is located, or outside the State. The percentages are derived by dividing the number of discharges of beneficiaries in a geographic category by the total number of Medicare discharges from the hospital. Please note that these are percentages of total Medicare discharges, not of the mortality sample alone.

MEDICARE AVERAGE LENGTH OF STAY

We obtained from the MEDPAR file the total days of care—both Medicare covered and noncovered—and divided that total by the number of discharges from each hospital. Total, rather than covered, days were used because, under the Prospective Payment System (PPS), if a Medicare patient has at least one day of hospital coverage available to him in the current spell of illness, the hospital will be paid the full diagnosis related group (DRG) amount plus any approved outlier amount, regardless of the number of days actually used.

Example: Hospital A had 2,513 Medicare discharges with a total of 24,379 days.

Calculation: $\frac{24,379}{2,513} = 9.7$ days

The Medicare average length of stay is 9.7 days.

HOSPITAL CHARACTERISTICS

As noted previously, we have again included information on selected hospital characteristics such as the number of beds, occupancy rate, ownership, staffing, and specialty services. This information was obtained from the American Hospital Association's (AHA) 1990 Annual Survey of Hospitals, with the exception of the case mix index (CMI), which was derived from HCFA billing data. This file consists of information voluntarily reported by hospitals to the AHA. In instances where AHA data were unavailable, for example for hospitals that did not respond to the AHA survey, we derived the information from HCFA's Online Survey, Certification and Reporting system (OSCAR). The hospital characteristics and the specific special services listed were selected with the concurrence of the AHA as being those most meaningful to the Medicare population. Information on these specific data elements follows.

AHA Definitions (except for CMI)

Survey and Year — AHA 1990. Source is the American Hospital Association's 1990 Annual Survey of Hospital files.

Profile

Total beds (#) — Number of beds (including subacute beds), cribs, and pediatric and neonatal bassinets regularly maintained (set up, staffed, and ready for use) for inpatients as of the close of the reporting period; does not include bassinets for normal newborn infants.

Occupancy rate (percent) — Ratio of average daily census to the average number of beds (statistical beds) maintained during the 12-month reporting period. (NOTE: The number of these "statistical beds" may differ from the bed count at the close of the reporting period.)

Ownership/control — State government, local government, district/authority, church, private nonprofit, private for profit, or Federal Government.

Medicare discharges — The total number of inpatient discharges for Medicare patients for those hospitals selected for the mortality calculations, including all discharges for persons with more than one hospitalization during the year. (The mortality data include only one randomly selected discharge for each hospitalized enrollee. Therefore, this figure may reflect more discharges than the actual number of cases randomly selected for the mortality study.)

Case mix index (CMI) — A measure of the overall complexity of the Medicare cases treated by a given hospital compared to the complexity of the national average case mix. The CMI represents the relative costliness of each hospital's mix of cases compared to the national average mix of cases. A CMI of greater than one means that a hospital treats more complex cases than average. A CMI of less than one means that a hospital treats less complex cases than average. The CMI for each hospital is calculated on an annual basis. In this report, the CMI presented for each hospital is calculated based on its discharges in FY 1990.

A hospital's CMI is calculated by multiplying the number of cases in each DRG by the relative weight of that DRG, summing the products, and dividing the sum by the total number of cases for the year. For calculating the FY 1990 CMI, use the DRG relative weights published in the *Federal Register*, Volume 54, Number 169, pages 36468 ff., dated September 1, 1989.

Staffing (all AHA counts are as of 9/30/90)

Total number of physicians — Total active and associate medical staff.

Percent of physicians who are board-certified specialists — Physicians who have passed an examination given by a medical specialty board and have been certified by that board as a specialist.

Medical residents/interns — Full-time equivalent (FTE) medical residents or interns.

Registered nurses — Full-time equivalent (FTE) registered nurses.

Licensed practical nurses — Full-time equivalent (FTE) licensed practical nurses.

Specialty Services

Burn Unit — Provides more intensive care to severely burned patients than the usual acute nursing care provided in medical and surgical units. Beds must be set up and staffed in a unit specifically designated for this service.

Cardiac Intensive Care — Provides patient care of a more specialized nature than the usual medical and surgical care, on the basis of physicians' orders and approved nursing care plans. The unit is staffed with specially trained nursing personnel, and contains monitoring and specialized support or treatment equipment for patients who, because of heart seizure,

open-heart surgery, or other life-threatening conditions, require intensified, comprehensive observation and care. May include myocardial infarction, pulmonary care, and heart transplant units. Beds must be set up and staffed in a unit(s) specifically designated for this service.

Comprehensive Geriatric — Provides diagnostic and evaluation services that determine elderly patients' long-term care needs. It includes the assessment of medical conditions, functional activities, and mental and emotional conditions, and incorporates these into a treatment plan which includes family and financial concerns as well as medical needs.

Hospice Care — A program providing primarily medical relief of pain and support services to terminally ill patients and assistance to their families in adjusting to the patients' illness and death.

Medical/Surgical Intensive Care — Provides nursing care to adult and/or pediatric patients of a more intensive nature than the usual medical, surgical, pediatric, and/or psychiatric care on the basis of physicians' orders and approved nursing care plans. Included are medical-surgical, pediatric, and psychiatric (isolation) units. These units are staffed with specially trained nursing personnel, and contain monitoring and specialized support equipment for patients who, because of shock, trauma, or life-threatening conditions, require intensified, comprehensive observation and care. These units may also include cardiac care when such services are not approved in a distinct cardiac care unit. This category is called "intensive care unit" in OSCAR.

Organ/Tissue Transplant — The hospital has the necessary staff and equipment to perform the surgical removal of a viable human organ or tissue from a donor, either living or deceased, and the surgical grafting of the organ/tissue to a suitably evaluated and prepared patient.

Other Intensive Care — Provides nursing care to adult and/or pediatric patients with a specialized disease or condition of a more intensive nature than the usual medical, surgical, pediatric, and/or psychiatric care on the basis of physicians' orders and approved nursing care plans. Examples reported include oncology or spinal cord injuries. These units are staffed with specially trained nursing personnel and contain monitoring and specialized support equipment appropriate for the patients' specialized conditions.

Trauma Center — Provides emergency and specialized intensive care to critically injured patients.

Other Specialty/Hospital-Based Services

Alcohol/Drug — Hospital services for the medical care and/or rehabilitative treatment of outpatients whose primary diagnosis is alcoholism or other chemical dependency.

Rehabilitation — A unit having designated beds and providing a comprehensive array of multidisciplinary medical rehabilitation services.

Psychiatric — Care provided to emotionally disturbed, chronically mentally ill, mentally disordered, or other mentally incompetent patients on the basis of physicians' orders and approved nursing care plans. Beds must be set up and staffed in units specifically designated for this service.

Medicare Swing Beds — The hospital is certified by Medicare to provide "swing bed" services; that is, some acute care beds can be used for skilled nursing facility type care in the hospital for Medicare purposes.

OSCAR Definitions (except for CMI)

Survey and Year — HCFA, most recent year. Data were derived from the Online Survey, Certification and Reporting System (OSCAR).

Profile

Total beds (#) — Total number of operational beds eligible for Medicare payment.

Ownership/control — Church; private, nonprofit; other nonprofit; proprietary; Federal Government; State government; local government; and hospital district or authority.

Case mix index (CMI) — See definition shown in AHA "Profile" section.

Staffing

Medical residents/interns — Full-time equivalent (FTE) medical residents or interns.

Registered nurses — Full-time equivalent (FTE) registered nurses.

Licensed practical nurses — Full-time equivalent (FTE) licensed practical nurses.

Specialty Services

NOTE: There are no specific definitions of specialty services in OSCAR. Characteristics are self-reported by each hospital at initial Medicare certification and recertification, and are generally understood to parallel the explicit AHA definitions (above). The AHA categories "comprehensive geriatric" and "other intensive care" are not available in OSCAR. However, they may be included in the OSCAR category of other specialty services (not shown in table).

Coronary Care — See definition shown in AHA "Specialty Services" section.

Intensive Care Unit — See definition shown in AHA "Specialty Services" section. These units may also include other intensive care units in OSCAR reporting.

Organ Transplant — See definition shown in AHA "Organ/Tissue Transplant" section. May include tissue transplants because there is not a separate field in OSCAR for these services.

TECHNICAL INFORMATION

DATA SOURCES

The data analyzed in this report are obtained from the Medicare Provider Analysis and Review (MEDPAR) file for the fiscal years 1987-1990, which contains information on the hospital stays of Medicare beneficiaries. The principal sources of data for this file are the bills (known as HCFA-1450 or UB-82) submitted by the hospitals to HCFA through fiscal intermediaries. The MEDPAR file also contains data about the beneficiaries, such as age, sex, and date of death, which are obtained from the Social Security Administration, the Railroad Retirement Board, or the Office of Personnel Management.

Hospital stays with discharges in fiscal years 1988, 1989, and 1990 were used in these analyses. Hospital stays in 1987 were used only to characterize the prior admissions of the patients in the 1987 cohort. Only acute care hospital stays in short-term (general and specialty) hospitals were selected. These hospitals have a "0" in the third position of their Medicare provider number. Hospital stays in institutions (designated by a "9" in the fourth position of the provider number) and hospital stays in psychiatric units, rehabilitation units, swing-beds and alcohol/drug units (with "special unit codes" of S, T, U and V, respectively, in the third position) were excluded.

THE MORTALITY MODEL

For each beneficiary in each year one hospitalization was selected at random. Choosing a specific hospitalization is necessary to avoid multiple counting of the same death for that year. Selecting a random hospitalization instead of the first or last in the year produces mortality rates that are more representative of the rates that a hospital might calculate for its patients. Also, the mortality rates based on this random selection process reflect an intermediate position between the rates produced by the alternatives.

The selected hospital stays were analyzed separately by analytical category. The analytical categories were created by grouping ICD-9-CM diagnosis codes that had similar mortality patterns. The procedures for creating the analytical categories and the groups of ICD-9-CM diagnosis codes that defined them are detailed in the Technical Supplement.

The mortality experience of the patients was evaluated as a function of time within 365 days of the admission. The factors included in the mortality model used to evaluate each patient's probabilities of death are given in Table 3. They consist of demographic characteristics (age and sex), major comorbidities (chronic diseases likely to have been present at admission and believed to

complicate management and increase the likelihood of an adverse outcome), prior admissions (grouped into five risk or severity levels) within the 6 months preceding the admission evaluated, admission type (emergent, elective, etc.), and admission source (referral from the physician's office, the nursing facility, etc.). The specific reason for the admission (the principal diagnosis) and the performance of selected surgical procedures were additional factors used in the estimation of the predicted probability of death (see below).

The observed mortality rate for a hospital was calculated by means of the lifetable method ("The LIFETEST Procedure," Chapter 22, SAS User's Guide: Statistics, Version 5 Edition, pages 529-557).

ANALYTIC TECHNIQUES

A time-to-event or survival model with explanatory or concomitant variables was used to ascertain the influence of the patient characteristics listed above on the probability of death. A feature of such a model is allowance for "right censored" observations. Generally, these are events or outcomes which would have occurred but for some interference that prevents further observation. In the present analysis, "right censoring" occurs when a patient is withdrawn alive from the study April 1, 1991 or at the end of the followup period of 365 days.

The survival function, S(t), is one of several equivalent ways of expressing the model. Another form uses the cumulative distribution function or the mortality function

$$F(t) = 1 - S(t).$$

Another useful formulation of these models is the hazard function, h(t), also known as the force of mortality or risk function. The hazard is the rate of decrease in the number of survivors relative to the number of survivors at a specific time. Mathematically, the hazard function is

$$h(t) = -\frac{1}{S(t)}\frac{dS(t)}{dt} = -\frac{d\ln(S(t))}{dt}$$

The probability density function, f(t), commonly used in statistical texts can be expressed as follows:

$$f(t) = \frac{dF(t)}{dt} = h(t)S(t).$$

The area under the survival curve is the expected value for t. In some cases, the area under the survival curve is restricted to an interval $0\text{-}t_1$ where t_1 might be one year, for example.

The specific time-to-event or survival model used in the present analysis is Bailey's modification of the Makeham model. The survival function for the Bailey-Makeham model is

$$S(t) = \exp\left\{-\delta t - \left(\frac{\alpha}{\gamma}\right)(1 - \exp(-\gamma t))\right\}$$

where

$$\alpha = \exp(\alpha_0+\alpha_1 x_1+\ldots+\alpha_i x_i+\ldots+\alpha_k x_k)$$
$$\gamma = \exp(\gamma_0+\gamma_1 x_1+\ldots+\gamma_i x_i+\ldots+\gamma_k x_k)$$
$$\delta = \exp(\delta_0+\delta_1 x_1+\ldots+\delta_i x_i+\ldots+\delta_k x_k)$$

are the expressions for each of the structural parameters α, γ, and δ in terms of the k concomitant variables x_i and their associated component parameters α_i, γ_i, and δ_i for i=1, 2,..., k and three intercepts or component parameters α_0, γ_0, and δ_0. The structural parameter δ is the long-term risk which is approached as $t \rightarrow \infty$. The structural parameter α is the initial excess risk which decays with rate constant γ.

For the survival function given above, the risk or hazard function has an especially tractable form of an exponential decay which approaches a long-term risk, δ. The hazard function corresponding to the survival function above is

$$h(t) = \alpha\exp(-\gamma t) + \delta \, .$$

The estimation of the component parameters was carried out in a series of steps in which those covariates which had estimable and statistically significant ($p<0.05$) influences of the probability of death were identified for inclusion in the model. As the model for each of the 23 risk categories was estimated separately, different lists of covariates were used for the final core models.

This first step was followed by the estimation of the additional contribution of specific principal diagnoses in each risk category. In these analyses, the effects of the patient characteristics included in the core models were corrected for. Only those principal diagnoses were retained which were estimable and had more than 900 cases (more than 300 for codes identified by year). Similarly, after adjustment for the effects of both the variables in the core model and the principal diagnoses, correction terms were calculated to estimate the additional information about the probability of death associated with the categorization of the patients into the clinical groups used for the presentation of the data in the mortality tables (see below). These correction terms were negligible for the medical categories but substantial for the surgical categories.

Once the component parameters or regression coefficients α_i, γ_i, and δ_i have been estimated, the predicted probability of patient death at any specified time after admission, 1-S(t), may be calculated for all individuals. To obtain the predicted mortality rate up to a given time for a hospital, it is then only necessary to average over the predicted probabilities of death of its patients to that time.

The analytical categories are useful for grouping the patients into relatively risk-homogeneous strata for the regressions. However, to gain insights into patterns of practice at hospitals, the data are presented for patients grouped into clinically meaningful medical and surgical categories. The 17 clinical categories used in the mortality tables and defined in Table 1 were identified by the Institute of Medicine as being of particular medical and epidemiologic interest.

Estimation of the Standard Deviation for Predicted Mortality

The standard deviation of the predicted mortality rate is used to assess how statistically different the observed mortality rate is from the rate predicted by the national experience with like patients. The standard deviation depends, in fact, on the variance of the residual or the difference between the observed, P, and predicted, $\hat{\Theta}$, mortality rates.

The residual has four components V_1, V_2, V_3, and V_4 where V_1 is the variance of the estimate of the predicted probability of death. This computationally intensive term was negligible for nearly all cases, compared to other components of variance. Consequently, this term was not included in the present analysis.

V_2 is the binomial variance for n patients

$$V_2 = \frac{\hat{\Theta}\left(1 - \hat{\Theta}\right)}{n}.$$

V_3 is the variation among hospitals not explained by the mortality regression models containing the patient characteristics described above.

$$V_3 = \widehat{\mathrm{Var}(\Theta)} = \left(1 - \frac{1}{n}\right) \widehat{M_2(\Theta)}$$

where

$$\widehat{M_2(\Theta)} = \left\{ \left(\begin{array}{c} \text{Predicted mortality} \\ \text{on basis of} \\ \text{patient characteristics and} \\ \text{adjustment for hospital effects} \end{array} \right) - \left(\begin{array}{c} \text{Predicted mortality} \\ \text{on basis of} \\ \text{patient characteristics,} \\ \text{but omitting the hospital specific effects} \end{array} \right) \right\}^2 \left(\frac{1}{z_p^2} \right)$$

The quantity z_p corresponds to the statistical significance (p-value) of the hospital-specific effect.

V_4 is the variation not explained by the mortality regression models which each include, in addition, an indicator variable for the hospital:

$$V_4 = \left\{ \left(\text{Observed mortality} \right) - \left(\begin{array}{c} \text{Predicted mortality} \\ \text{on basis of} \\ \text{patient characteristics, and} \\ \text{adjustment for the hospital specific effects} \end{array} \right) \right\}^2$$

(The regression coefficients of the indicator variable for the hospital are a measure of the influence on the probability of patient death of factors not otherwise specified in the model. These factors include severity of illness not adequately reported on by the patient characteristics deduced from the claims data and the hospital's pattern of practice; i.e., performance.)

The standard deviation given in the mortality tables is just

$$SD = \sqrt{V_2 + V_3 + V_4}.$$

Standardized Mortality Ratio (SMR)

Another method of evaluating a hospital's performance—the Standardized Mortality Ratio (SMR)—is obtained by dividing the observed mortality rate by the predicted mortality rate. An SMR of one means the observed and predicted mortality are equal. A ratio greater than one means the observed mortality exceeds the predicted. A ratio less than one means the observed mortality is less than expected. The more extreme the ratio (significantly greater than one indicating unusually high mortality and significantly less than one indicating unusually low mortality), the greater the attention which should be paid to the results of this mortality report.

For each of the conditions and procedures, selected percentiles for the observed distribution of the SMR are displayed in Table 4. The selected percentiles provide benchmarks for comparison. For example, for a hospital

with 300 cases in the "All Causes" category, with observed mortality of 12.2 percent and predicted probability of 10.0 percent at 30 days, the standardized mortality ratio is

SMR = 12.2/10.0 = 1.22.

Note that an SMR of one means the observed and predicted mortality are equal, while a ratio greater than one means the observed mortality exceeds the predicted, and a ratio less than one means the observed mortality is less than expected. There will be greater interest in the more extreme ratios, either greater than one — excessively high mortality — or less than one — extremely low mortality.

From Table 4 for FY 1990, we find that the ratio is just below the 75th percentile of 1.23. Hence, slightly under 75 percent of the hospitals have an SMR less than that found at this hospital.

However, for a hospital with 900 cases in the "All Causes" category, with observed mortality of 19.3 percent and predicted probability of 10.0 percent at 30 days, the standardized mortality ratio is

SMR = 19.3/10.0 = 1.93.

Since the SMR of 1.93 is greater than the 97.5 percentile of 1.35 (Table 4 for 750 or more cases), there is cause for concern. To further assess this, we examine the displayed data in terms of the measure of uncertainty, the standard deviation.

Measures of Uncertainty

In principle, to use the standard normal approximations to determine prediction intervals, an adjustment must be applied for the skewness and kurtosis inherent in a mortality rate when the rate is considerably less than 50 percent and the number of cases is small. Table 5 presents the multiplicative factors, based on the binomial distribution, for the standard deviation needed to construct prediction intervals for the mortality rates at confidence levels of 75, 95 and 99 percent. Because of the approximations involved in the estimation of the skewness and kurtosis corrections, their precision decreases as the number of cases and the mortality rate decrease; i.e., as the value of the correction increases. In addition, because of simplifications and approximations in the estimation of the standard deviation, the precision of the multiplicative factors given in Table 5 exceeds the precision of the estimate of the standard deviation. Hence, the following rule-of-thumb represents an adequate approximation to the factors in Table 5 and an adequate guide to the **statistical meaningfulness** of the difference between the observed and the predicted mortality rates.

To illustrate the use of Table 5, consider a hospital with 75 cases and a predicted mortality of 13.0 percent with a standard deviation of 5.0 percent. Overall, for hospitals with patients with characteristics similar to those of this hospital, we would expect the actual or observed mortality rate to lie, 95 percent of the time, either between 13.0 percent and 22.9 percent if the actual is larger than the predicted, or between 3.3 percent and 13.0 percent if the actual is less than the predicted. That is because 22.9 percent = 13.0 percent + 1.98 x 5.0 percent, the factor 1.98 having been read from the section of Table 5 with the heading "95 Percent Prediction Interval" and "Factor for Upper Bound," the row "75" for the number of cases, and, by interpolation, between the "10 percent" and the "20 percent" predicted mortality rate columns. Similarly, 3.3 percent = 13.0 percent - 1.94 x 5.0 percent, the factor -1.94 having been read from the section of Table 5 with the heading "95 Percent Prediction Interval" and "Factor for Lower Bound" and the corresponding row and columns.

Therefore, in comparing the actual and predicted rates, more attention should be given to the hospital whose observed mortality rate lies beyond the bounds calculated for the 99 percent prediction interval than to the hospital whose observed mortality rate lies only beyond the bounds calculated for the 95 percent prediction interval. Likewise, more attention should be given to that hospital than to the hospital whose observed mortality rate lies only beyond the bounds calculated for the 75 percent prediction interval.

For the graphs, the observed mortality and an approximate 95 percent prediction interval are displayed. The prediction interval has bounds at the predicted mortality plus 2 times the standard deviation and at the predicted minus 2 times the standard deviation.

In the mortality rate tables, the observed and predicted mortality rates and the standard deviation as a measure for statistical importance of the difference are displayed for the overall and each of the conditions and procedures.

How To Obtain Medicare Hospital Information

The publication has been widely distributed to State health organizations and hospital and medical associations. The publication is available to the public for purchase in 55 volumes, with each volume being sold separately through the Government Printing Office (GPO). More detailed information about the purchase of this publication may be obtained by contacting:

Superintendent of Documents
Government Printing Office
Washington, D.C. 20402
Telephone: (202) 783-3238

As in prior years, the information appearing in the Medicare Hospital Information report is available in machine-readable/electronic format (tape and diskette). The Medicare Hospital Information public use file provides the published information as contained in the 55-volume hardcopy publication, except that the AHA's hospital characteristics are not on this file. Hospital characteristics from HCFA files (OSCAR) are provided instead. The files contain additional information which is useful for supplemental analyses: averages by hospital, MSA, and State for each of the variables used in the model, mortality rates for 15, 30, 60, 90 and 180 days, and cross-reference files which relate State, MSA, and ICD-9-CM codes used to a name. These data should allow analysts to assess an individual hospital's performance in comparison to all hospitals in the State or applicable MSA.

Also available to **hospitals** in machine-readable format is their patient-specific data that were used in the report. These data include the patient variables used in the analysis (e.g., the number and severity level of prior hospitalizations considered by the methodology, admission source and type, etc.) and the predicted probability of death at each time interval for each individual included in the study. With these data it is possible for hospitals to better understand their statistics. **Due to confidentiality considerations, requests for patient-specific data must be forwarded on hospital letterhead, must include the institution's Medicare provider number, and must be signed by the hospital administrator.**

For information about obtaining Medicare Hospital Information electronic media data, please contact HCFA's Bureau of Data Management and Strategy at:

Health Care Financing Administration
Bureau of Data Management and Strategy
Office of Statistics and Data Management
3-A-10 Security Office Park Building
6325 Security Boulevard
Baltimore, Maryland 21207
Telephone: (410) 597-5151

Table 1

DIAGNOSTIC AND PROCEDURE CATEGORIES

The following lists the ICD-9-CM diagnostic and procedure codes used to classify and group patients for presentation

CONDITION/PROCEDURE	ICD-9-CM CODES *(D)=Diagnosis code* *(P)=Procedure code*
Heart Disorders/Procedures	
Acute Myocardial Infarction (AMI)	All of 410 (D) (on 10/1/89 exclude 410 with 5th digit of a 2)
Note: *For code 410 a 5th digit was added on October 1, 1989.*	
Congestive Heart Failure (CHF)	398.91, 402.01, 402.11, 402.91, 428.0, 428.1, 428.9 (all D)
Angioplasty (ANGPLSTY)	All of 36.0 (P) excluding 36.00, 36.03, 36.04, 36.09 (all P)
Note: *Code 36.0 had a 4th digit added on October 1, 1986. Code 36.0 got digits of 0, 1, 2, 3, and 9, and code 36.04 got some previously coded cases of 39.97. On October 1, 1987, code 36.01 was divided into 36.01 and 36.05, and some cases from 36.02 were put into 36.05.*	
Coronary Artery Bypass Graft (CABG)	All of 36.1(P) and not Angioplasty (see above)
Pacemaker Insertion, Initial (PACE)	37.73, 37.74, 37.75, 37.77 (after 10/1/87 use 37.70 through 37.73) (all P)
Note: *Code 37.70 was restructured on October 1, 1987. Previously the code contained both leads and devices. On October 1 these were separated and devices were coded as 37.80 through 37.83, and codes for the leads were changed into various 37.70 codes.*	

CONDITION/PROCEDURE	ICD-9-CM CODES *(D)=Diagnosis code* *(P)=Procedure code*
Pulmonary Disorders	
Pneumonia/Influenza (PNU)	All of 480, all of 481, 482.2, 482.3, 482.9, 483, 485, 486, 487.0 (all D)
Chronic Obstructive Pulmonary (COPD)	All of 491, all of 492, all of 494, Disease all of 496; and 466.0, 518.82, 518.5, and 786.09 when there is a secondary diagnosis of any 496 (all D)
Note: *Code 518.8 got a 5th digit on October l, 1987. Some cases from 799.1 were put into codes 518.81 and 518.82.*	
Cerebrovascular Disorders/Procedures	
Transient Cerebral Ischemia (TCI)	433.1, 433.3, 435 (D) and exclude those patients with an endarterectomy at the time of admission—38.12(P)
Stroke (STK)	431, 434 through 434.9, 436 (all D)
Carotid Endarterectomy (ENDART)	38.12 (P) with 433.1 (D); 433.3 (D) or 435(D) as a principal diagnosis
Musculoskeletal Disorders/Procedures	
Fracture of Neck of Femur (FXHIP)	All of 820 (D)
Hip Replacement/Revision (HIPREP)	81.5, 81.6 (exclude 81.69) (all P). On 10/1/89 code 81.51 (P) through 81.53 (P) with same diagnoses.
Open Reduction of Fractured Femur (OPRDUX)	79.35(P) on condition of 820 (D) as principal diagnosis

CONDITION/PROCEDURE	ICD-9-CM CODES *(D)=Diagnosis code* *(P)=Procedure code*
Genitourinary Disorders/Procedures	
Prostatectomy (PROS)	60.2, 60.3 through 60.69 (all P)
Hysterectomy (HYS)	68.3 through 68.7 (P)
Gastrointestinal Disorders/Procedures	
Cholecystectomy (CHOLOTMY)	51.22 (P)
Sepsis	
Sepsis	003.1, 020.2, 022.3, 036.2, 036.3, 036.89, 036.9, 038.0, 038.1, 038.2, 038.3, 038.40, 038.41, 038.42, 038.43, 038.44, 038.49, 038.8, 038.9, 054.5

Table 2

COMORBIDITY CONDITIONS

(all are D codes)

COMORBIDITY	ICD-9-CM CODES
Cancer	141-160.9, 162-172.9, 174-208.91
Chronic cardiovascular disease	412-414.9, 426-429.1
Chronic liver disease	571-572.8
Chronic renal disease	582-583.9, 585-587, 403.01, 403.11, 403.91, 404.02, 404.03, 404.12, 404.13, 404.92, 404.93
Chronic diabetes	250.01, 250.1-250.91
Chronic pulmonary disease	491-493.91, 496
Cerebrovascular degeneration	290-290.9, 294-299.9

Table 3

EXPLANATORY VARIABLES FOR THE MORTALITY MODEL

Generally the same variables are used for all diagnostic categories.

Demographics

SXFM — An indicator variable: = 1 if Female, 0 otherwise

AGEFM = AGESP if SXFM = 1, 0 otherwise
AGEML = AGESP if SXFM = 0, 0 otherwise

where

$$AGESP = \text{sign}(W-65)\left(\frac{|W-65|}{65}\right)^{1.44}$$

and

$$W = \left\{ \begin{array}{c} 23 \text{ if } AGE \leq 23 \\ AGE \text{ if } 23 < AGE < 100 \\ 100 \text{ if } 100 \leq AGE \end{array} \right\}$$

Comorbidities		**ICD-9-CM Codes**
(Indicator variables = 1 if comorbidity present on current or prior admission with discharge within 6 months prior to current admission, 0 otherwise)		
CCA	Cancer	141-160.9, 162-172.9, 174-208.91
CCV	Chronic cardiovascular disease	412-414.9, 426-429.1
CLV	Chronic liver disease	571-572.8
CRN	Chronic renal disease	582-583.9, 585-587, 403.01, 403.11, 403.91, 404.02, 404.03, 404.12, 404.13, 404.92, 404.93
CDI	Chronic diabetes	250.01, 250.1-250.91
COP	Chronic pulmonary disease	491-493.91, 496
CCE	Cerebrovascular degeneration	290-290.9, 294-299.9

Co Occurrence of Comorbidities

COP_CCV	1 if COP = 1 and CCV = 1, 0 otherwise
CCA_CCV	1 if CCA = 1 and CCV = 1, 0 otherwise
COP_CCA	1 if COP = 1 and CCA = 1, 0 otherwise
CCE_CCV	1 if CCE = 1 and CCV = 1, 0 otherwise
CRN_CCV	1 if CRN = 1 and CCV = 1, 0 otherwise

Admission Sources and Types

(Indicator variables = 1 if source or type present, 0 otherwise)

PREF	Patient referred by personal or HMO physician
TRSNF	Patient transferred from skilled nursing facility
ELCT	Patient admitted for elective procedure
EMRG	Patient admitted for emergency

Co-Occurrence of Admission Source and Type

PREF_ELEC = 1 if PREF = 1 and ELCT = 1, 0 otherwise

Previous Hospitalizations

P_RISK1	Number at 1st risk level with 3 or more set to 3
P_RISK2	Number at 2nd risk level with 3 or more set to 3
P_RISK3	Number at 3rd risk level with 3 or more set to 3
P_RISK4	Number at 4th risk level with 4 or more set to 4
P_RISK5	Number at 5th risk level with 3 or more set to 3
F(T)	Probability of death from previous admission if discharge within 182 days of current admission, 0 otherwise

Time Trend

FLAG89	1 if discharge in FY1989, 0 otherwise
FLAG90	1 if discharge in FY1990, 0 otherwise
INYEAR	Difference between current admission date and April 1 of fiscal year of discharge

TABLE 4
SMR DISTRIBUTION FOR HOSPITALS WITH GREATER THAN 50 CASES
1990 STUDY, FY1990

CONDITIONS/PROCEDURES	NUMBER OF HOSPITALS	30 DAYS					90 DAYS					180 DAYS				
		2.5%	25%	50%	75%	97.5%	2.5%	25%	50%	75%	97.5%	2.5%	25%	50%	75%	97.5%
OVERALL(< 750 CASES)	2645	0.45	0.88	1.04	1.23	1.72	0.56	0.90	1.03	1.17	1.54	0.61	0.90	1.02	1.15	1.46
OVERALL(>= 750 CASES)	2684	0.73	0.91	0.99	1.09	1.35	0.79	0.94	1.01	1.09	1.28	0.82	0.94	1.01	1.08	1.24
CONDITIONS																
AMI	1405	0.54	0.80	0.95	1.11	1.42	0.62	0.86	0.99	1.14	1.44	0.63	0.86	0.99	1.13	1.39
CHF	2335	0.43	0.79	0.98	1.17	1.64	0.60	0.85	0.99	1.13	1.49	0.66	0.89	1.00	1.13	1.41
PNEUMONIA/INFLUENZA	2428	0.41	0.78	0.97	1.18	1.68	0.53	0.84	1.00	1.17	1.55	0.57	0.86	1.01	1.16	1.50
COPD	435	0.00	0.63	0.97	1.34	2.06	0.30	0.78	1.02	1.26	1.74	0.40	0.82	1.01	1.24	1.69
TRANS. CEREBRAL ISCHEMIA	404	0.00	0.00	0.83	1.34	3.20	0.00	0.48	0.85	1.31	2.27	0.21	0.60	0.90	1.21	2.05
STROKE	1789	0.53	0.79	0.95	1.13	1.56	0.61	0.84	0.98	1.13	1.47	0.65	0.87	0.99	1.12	1.42
HIP FRACTURE	1199	0.21	0.67	0.93	1.27	2.10	0.40	0.76	0.94	1.19	1.80	0.47	0.78	0.97	1.16	1.64
SEPSIS	254	0.51	0.79	0.96	1.12	1.50	0.65	0.86	0.99	1.13	1.47	0.69	0.89	1.01	1.15	1.44
PROCEDURES																
ANGIOPLASTY	425	0.00	0.49	0.89	1.33	2.66	0.00	0.60	0.93	1.36	2.34	0.00	0.63	0.97	1.34	2.14
CABG	556	0.20	0.68	1.03	1.39	2.45	0.28	0.73	1.00	1.32	2.09	0.28	0.73	1.01	1.30	2.10
PACEMAKER	112	0.00	0.41	0.72	1.37	3.25	0.20	0.61	0.90	1.21	2.17	0.21	0.65	0.84	1.16	1.87
CAROTID ENDARTERECTOMY	73	0.00	0.00	0.85	1.33	2.90	0.00	0.14	0.74	1.28	2.43	0.00	0.42	0.86	1.38	2.86
HIP REPLACEMENT	763	0.00	0.53	0.94	1.44	2.77	0.19	0.67	0.96	1.31	2.12	0.26	0.71	0.94	1.26	1.91
REDUCT. OF HIP FRACTURE	276	0.00	0.56	0.86	1.22	2.05	0.31	0.68	0.92	1.19	1.76	0.38	0.77	0.96	1.12	1.58
PROSTATECTOMY	1576	0.00	0.00	0.73	1.57	3.56	0.00	0.49	0.91	1.40	2.63	0.00	0.57	0.92	1.29	2.21
CHOLECYSTECTOMY	714	0.00	0.49	0.95	1.54	2.68	0.00	0.62	0.93	1.37	2.22	0.22	0.67	0.98	1.27	1.93
HYSTERECTOMY	113	0.00	0.00	0.00	2.00	6.69	0.00	0.00	0.76	1.70	3.59	0.00	0.24	0.75	1.27	2.91

TABLE 4
SMR DISTRIBUTION FOR HOSPITALS WITH GREATER THAN 50 CASES
1990 STUDY, FY1989

CONDITIONS/PROCEDURES	NUMBER OF HOSPITALS	30 DAYS					90 DAYS					180 DAYS				
		2.5%	25%	50%	75%	97.5%	2.5%	25%	50%	75%	97.5%	2.5%	25%	50%	75%	97.5%
OVERALL(< 750 CASES)	2746	0.50	0.87	1.04	1.23	1.73	0.58	0.89	1.03	1.17	1.54	0.61	0.89	1.01	1.14	1.44
OVERALL(>= 750 CASES)	2669	0.71	0.90	1.00	1.09	1.35	0.79	0.94	1.01	1.08	1.28	0.82	0.95	1.01	1.07	1.24
CONDITIONS																
AMI	1412	0.53	0.81	0.96	1.12	1.47	0.59	0.86	1.01	1.15	1.47	0.63	0.87	1.00	1.14	1.43
CHF	2293	0.47	0.80	0.97	1.18	1.69	0.58	0.86	1.00	1.14	1.48	0.66	0.89	1.02	1.14	1.40
PNEUMONIA/INFLUENZA	2179	0.45	0.77	0.97	1.19	1.67	0.54	0.85	1.01	1.18	1.55	0.60	0.86	1.02	1.18	1.51
COPD	324	0.21	0.68	0.99	1.32	2.13	0.44	0.78	1.04	1.27	1.91	0.49	0.84	1.04	1.24	1.66
TRANS. CEREBRAL ISCHEMIA	420	0.00	0.00	0.79	1.41	3.26	0.00	0.46	0.88	1.33	2.36	0.18	0.60	0.92	1.25	1.97
STROKE	1728	0.53	0.80	0.95	1.12	1.56	0.62	0.85	0.97	1.11	1.46	0.67	0.88	0.99	1.13	1.40
HIP FRACTURE	1126	0.24	0.67	0.95	1.30	2.04	0.39	0.75	0.98	1.21	1.71	0.46	0.78	0.97	1.18	1.59
SEPSIS	174	0.52	0.79	0.94	1.10	1.52	0.63	0.88	1.02	1.15	1.46	0.68	0.93	1.05	1.16	1.43
PROCEDURES																
ANGIOPLASTY	370	0.00	0.46	0.84	1.35	2.55	0.00	0.55	0.88	1.33	2.52	0.00	0.61	0.94	1.32	2.44
CABG	501	0.21	0.65	1.00	1.47	2.57	0.23	0.69	1.00	1.33	2.29	0.32	0.74	1.01	1.33	2.21
PACEMAKER	91	0.00	0.52	0.74	1.12	2.31	0.00	0.56	0.83	1.15	2.14	0.20	0.68	0.81	1.16	1.87
CAROTID ENDARTERECTOMY	55	0.00	0.00	0.82	1.51	5.01	0.00	0.47	0.86	1.31	4.00	0.00	0.43	0.85	1.28	3.12
HIP REPLACEMENT	686	0.00	0.52	0.92	1.44	2.46	0.00	0.65	0.94	1.27	1.95	0.21	0.67	0.94	1.19	1.75
REDUCT. OF HIP FRACTURE	246	0.19	0.57	0.91	1.23	1.96	0.31	0.71	0.96	1.19	1.74	0.41	0.78	0.96	1.13	1.53
PROSTATECTOMY	1570	0.00	0.00	0.67	1.50	3.46	0.00	0.47	0.86	1.36	2.67	0.00	0.58	0.93	1.28	2.15
CHOLECYSTECTOMY	680	0.00	0.53	0.94	1.53	2.90	0.00	0.62	0.97	1.36	2.15	0.22	0.66	0.95	1.26	1.98
HYSTERECTOMY	101	0.00	0.00	0.00	1.80	5.44	0.00	0.00	0.78	1.60	4.21	0.00	0.00	0.91	1.38	2.99

TABLE 4
SMR DISTRIBUTION FOR HOSPITALS WITH GREATER THAN 50 CASES
1990 STUDY, FY1988

CONDITIONS/PROCEDURES	NUMBER OF HOSPITALS	30 DAYS					90 DAYS					180 DAYS				
		2.5%	25%	50%	75%	97.5%	2.5%	25%	50%	75%	97.5%	2.5%	25%	50%	75%	97.5%
OVERALL(< 750 CASES)	2838	0.46	0.89	1.05	1.23	1.75	0.54	0.90	1.03	1.16	1.57	0.59	0.90	1.02	1.14	1.45
OVERALL(>= 750 CASES)	2693	0.73	0.90	1.00	1.10	1.35	0.79	0.94	1.01	1.09	1.27	0.82	0.95	1.01	1.08	1.24
CONDITIONS																
AMI	1414	0.56	0.82	0.96	1.12	1.41	0.63	0.87	1.01	1.14	1.42	0.65	0.89	1.00	1.13	1.39
CHF	2246	0.45	0.79	0.97	1.18	1.61	0.60	0.86	1.00	1.14	1.43	0.68	0.90	1.02	1.13	1.37
PNEUMONIA/INFLUENZA	2069	0.44	0.79	0.97	1.17	1.68	0.57	0.85	1.01	1.17	1.59	0.61	0.87	1.01	1.16	1.53
COPD	310	0.21	0.67	0.92	1.30	2.17	0.39	0.79	0.98	1.20	1.81	0.51	0.82	0.99	1.19	1.59
TRANS. CEREBRAL ISCHEMIA	495	0.00	0.00	0.84	1.48	2.94	0.00	0.48	0.92	1.39	2.28	0.21	0.60	0.92	1.27	1.92
STROKE	1726	0.51	0.79	0.95	1.12	1.56	0.60	0.84	0.98	1.13	1.44	0.64	0.88	1.00	1.13	1.42
HIP FRACTURE	1119	0.24	0.65	0.96	1.27	2.07	0.40	0.78	0.98	1.21	1.77	0.47	0.80	0.98	1.17	1.64
SEPSIS	133	0.58	0.77	0.92	1.08	1.64	0.56	0.86	1.00	1.13	1.54	0.67	0.88	1.02	1.14	1.53
PROCEDURES																
ANGIOPLASTY	297	0.00	0.50	0.87	1.35	2.60	0.00	0.59	0.91	1.34	2.50	0.00	0.65	0.95	1.31	2.25
CABG	478	0.21	0.68	0.98	1.39	2.40	0.32	0.73	1.00	1.36	2.12	0.38	0.75	1.01	1.31	2.04
PACEMAKER	83	0.00	0.34	0.65	1.04	1.75	0.01	0.54	0.85	1.03	1.70	0.23	0.69	0.87	1.10	1.57
CAROTID ENDARTERECTOMY	69	0.00	0.00	0.60	1.23	3.30	0.00	0.33	0.62	1.09	2.50	0.00	0.44	0.68	1.16	1.87
HIP REPLACEMENT	670	0.00	0.49	0.95	1.40	2.65	0.00	0.66	1.01	1.31	2.15	0.24	0.70	0.96	1.24	1.87
REDUCT. OF HIP FRACTURE	259	0.00	0.61	0.91	1.26	2.16	0.38	0.74	0.96	1.21	1.94	0.44	0.77	0.96	1.16	1.79
PROSTATECTOMY	1619	0.00	0.00	0.78	1.53	3.69	0.00	0.54	0.92	1.39	2.57	0.00	0.61	0.93	1.30	2.21
CHOLECYSTECTOMY	642	0.00	0.50	0.96	1.44	3.04	0.00	0.61	0.96	1.36	2.26	0.25	0.66	0.96	1.27	2.01
HYSTERECTOMY	90	0.00	0.00	0.00	1.57	5.00	0.00	0.00	0.68	1.43	2.83	0.00	0.28	0.67	1.15	2.88

TABLE 5: MULTIPLICATIVE FACTORS FOR THE CALCULATION OF THE BOUNDS FOR PREDICTION INTERVALS

(n is the number of cases at your hospital and p is the predicted mortality rate)

	99% Prediction Interval					95% Prediction Interval					75% Prediction Interval				
	Factor for Upper Bound					Factor for Upper Bound					Factor for Upper Bound				
p	1%	5%	10%	20%	40%	1%	5%	10%	20%	40%	1%	5%	10%	20%	40%
n															
25	2.95	2.73	2.68	2.63	2.59	2.15	2.04	2.01	1.99	1.97	1.17	1.16	1.16	1.15	1.15
50	2.76	2.65	2.63	2.60	2.58	2.05	2.00	1.99	1.97	1.96	1.16	1.15	1.15	1.15	1.15
75	2.70	2.63	2.61	2.59	2.58	2.02	1.99	1.98	1.97	1.96	1.16	1.15	1.15	1.15	1.15
100	2.67	2.61	2.60	2.59	2.58	2.01	1.98	1.97	1.97	1.96	1.16	1.15	1.15	1.15	1.15
150	2.64	2.60	2.59	2.59	2.58	1.99	1.97	1.97	1.96	1.96	1.15	1.15	1.15	1.15	1.15
200	2.62	2.60	2.59	2.58	2.58	1.98	1.97	1.97	1.96	1.96	1.15	1.15	1.15	1.15	1.15
300	2.61	2.59	2.58	2.58	2.58	1.98	1.97	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
400	2.60	2.59	2.58	2.58	2.58	1.97	1.96	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
500	2.59	2.58	2.58	2.58	2.58	1.97	1.96	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
750	2.59	2.58	2.58	2.58	2.58	1.97	1.96	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
1000	2.59	2.58	2.58	2.58	2.58	1.96	1.96	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
2000	2.58	2.58	2.58	2.58	2.58	1.96	1.96	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
5000	2.58	2.58	2.58	2.58	2.58	1.96	1.96	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
	Factor for Lower Bound					Factor for Lower Bound					Factor for Lower Bound				
p	1%	5%	10%	20%	40%	1%	5%	10%	20%	40%	1%	5%	10%	20%	40%
n															
25	-2.21	-2.42	-2.48	-2.52	-2.56	-1.77	-1.88	-1.91	-1.93	-1.95	-1.13	-1.14	-1.14	-1.15	-1.15
50	-2.39	-2.50	-2.53	-2.55	-2.57	-1.87	-1.92	-1.93	-1.95	-1.96	-1.14	-1.15	-1.15	-1.15	-1.15
75	-2.45	-2.52	-2.54	-2.56	-2.57	-1.90	-1.93	-1.94	-1.95	-1.96	-1.14	-1.15	-1.15	-1.15	-1.15
100	-2.48	-2.54	-2.55	-2.56	-2.57	-1.91	-1.94	-1.95	-1.95	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
150	-2.51	-2.55	-2.56	-2.57	-2.57	-1.93	-1.95	-1.95	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
200	-2.53	-2.56	-2.56	-2.57	-2.57	-1.94	-1.95	-1.95	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
300	-2.54	-2.56	-2.57	-2.57	-2.57	-1.94	-1.95	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
400	-2.55	-2.57	-2.57	-2.57	-2.57	-1.95	-1.96	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
500	-2.56	-2.57	-2.57	-2.57	-2.58	-1.95	-1.96	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
750	-2.56	-2.57	-2.57	-2.57	-2.58	-1.95	-1.96	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
1000	-2.57	-2.57	-2.57	-2.57	-2.58	-1.96	-1.96	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
2000	-2.57	-2.57	-2.57	-2.58	-2.58	-1.96	-1.96	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
5000	-2.57	-2.58	-2.58	-2.58	-2.58	-1.96	-1.96	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15

Medicare Hospital Information

ANNE ARUNDEL GENERAL HOSPITAL

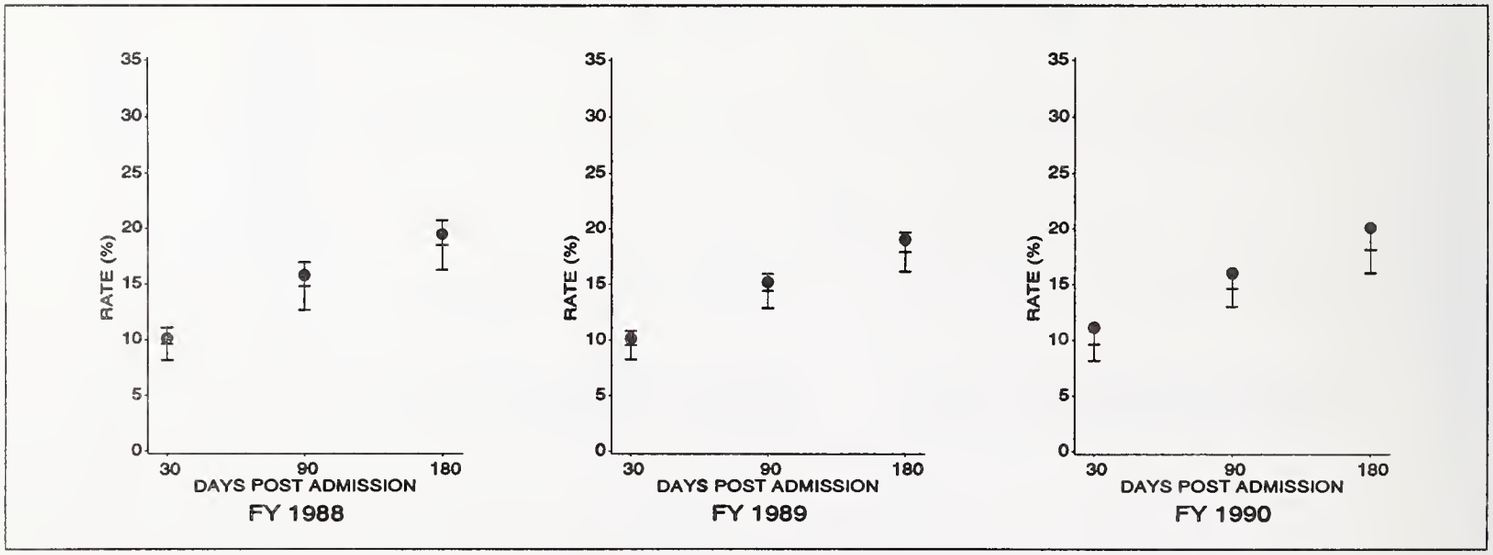
FRANKLIN & CATHEDRAL STS
ANNAPOLIS, MD 21401
Medicare Provider Number: 210023

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	2869	11.1	9.6	0.7	16.0	14.6	0.8	20.1	18.1	1.1
CONDITIONS:										
Acute Myocardial Infarction	61	23.0	29.2	9.1	29.5	32.0	9.9	32.8	34.8	8.9
Congestive Heart Failure	124	25.0	16.4	4.8	29.0	26.1	4.1	34.7	32.8	4.5
Pneumonia/Influenza	172	19.2	14.6	3.4	26.2	20.1	3.8	31.4	23.7	4.4
Chronic Obstructive Pulmonary Disease	68	8.8	9.1	3.6	17.6	15.6	5.2	26.5	20.9	7.5
Transient Cerebral Ischemia	29	3.4	1.4	-----	6.9	3.3	-----	6.9	5.6	-----
Stroke	112	25.0	20.5	7.0	30.4	26.7	6.9	34.8	30.3	7.0
Hip Fracture	73	9.6	6.5	3.8	12.3	11.4	5.7	26.0	14.8	9.2
Sepsis	23	30.4	29.5	-----	43.5	38.5	-----	52.2	43.2	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	21	0.0	3.0	-----	4.8	5.1	-----	4.8	6.9	-----
Carotid Endarterectomy	13	0.0	1.4	-----	0.0	2.8	-----	0.0	4.3	-----
Hip Replacement/Reconstruction	34	2.9	2.8	-----	2.9	5.3	-----	14.7	7.5	-----
Open Reduction of Hip Fracture	47	6.4	5.9	-----	10.6	10.8	-----	25.5	14.3	-----
Prostatectomy	62	0.0	0.7	1.2	0.0	1.6	2.0	1.6	2.9	2.4
Cholecystectomy	62	1.6	1.3	1.5	1.6	2.2	2.0	3.2	2.9	2.4
Hysterectomy	27	3.7	0.4	-----	3.7	1.0	-----	3.7	1.6	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



ANNE ARUNDEL GENERAL HOSPITAL
Medicare Provider Number: 210023

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.2 years
Proportion female	59.1 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	39.2 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	18.8 %
Admitted for emergency	77.9 %

COMORBIDITIES:

Cancer	9.4 %
Chronic cardiovascular disease	27.0 %
Chronic liver disease	0.6 %
Chronic renal disease	3.8 %
Chronic pulmonary disease	16.1 %
Cerebrovascular degeneration	3.3 %
Diabetes mellitus	6.9 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	83.2%
State	10.4%
Outside State	6.4%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	8.2 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	303
Occupancy Rate	73.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	27.5 %
Case Mix Index (CMI)	1.2227

STAFFING:

Total Number of Physicians	258
Percent of Physicians Board Certified Specialists	89.1 %
Medical Residents/Interns	0
Registered Nurses	388
Licensed Practical Nurses	13

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	No
Hospice Care	Yes
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

*** Not used in calculating mortality rates**

BALTIMORE COUNTY GENERAL HOSPITAL

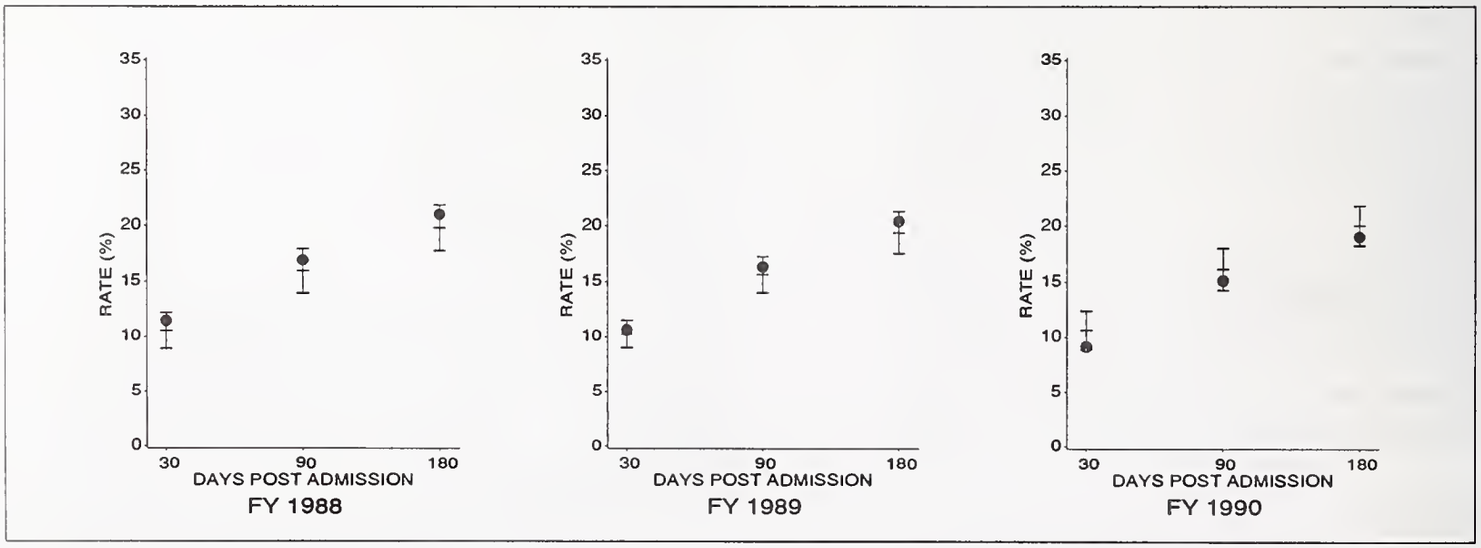
5401 OLD COURT RD
RANDALLSTOWN, MD 21133
Medicare Provider Number: 210040

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	3284	9.1	10.6	0.9	15.1	16.1	0.9	19.0	20.0	0.9
CONDITIONS:										
Acute Myocardial Infarction	113	22.1	28.4	8.6	27.4	32.0	8.0	31.0	34.9	6.9
Congestive Heart Failure	160	13.7	16.6	3.5	23.7	26.0	5.4	33.7	32.7	5.6
Pneumonia/Influenza	157	16.6	19.2	3.9	26.1	26.4	3.7	28.7	31.0	4.2
Chronic Obstructive Pulmonary Disease	32	9.4	10.3	-----	12.5	17.3	-----	18.8	22.1	-----
Transient Cerebral Ischemia	60	1.7	1.8	2.2	5.0	4.2	4.0	5.0	6.9	4.1
Stroke	129	13.2	21.4	5.2	20.2	29.2	5.7	25.6	33.5	6.1
Hip Fracture	103	4.9	6.4	3.0	9.7	11.7	4.4	14.6	15.6	5.0
Sepsis	63	27.0	23.9	7.0	39.7	33.0	6.9	39.7	38.5	6.2
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	22	4.5	3.4	-----	9.1	6.4	-----	9.1	9.1	-----
Carotid Endarterectomy	12	0.0	1.9	-----	0.0	3.4	-----	8.3	4.9	-----
Hip Replacement/Reconstruction	55	10.9	4.0	5.3	14.5	7.3	6.3	18.2	9.8	7.6
Open Reduction of Hip Fracture	74	2.7	6.0	4.6	8.1	11.5	6.1	14.9	15.6	7.2
Prostatectomy	90	0.0	0.9	1.5	2.2	2.0	1.9	5.6	3.4	2.7
Cholecystectomy	46	0.0	3.0	-----	8.7	5.7	-----	10.9	7.7	-----
Hysterectomy	10	0.0	0.4	-----	0.0	0.8	-----	0.0	1.4	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



BALTIMORE COUNTY GENERAL HOSPITAL

Medicare Provider Number: 210040

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	76.3 years
Proportion female	59.0 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	0.2 %
Transferred from skilled nursing facility	7.3 %
Admitted for elective procedure	16.4 %
Admitted for emergency	76.6 %

COMORBIDITIES:

Cancer	6.8 %
Chronic cardiovascular disease	33.2 %
Chronic liver disease	0.7 %
Chronic renal disease	2.9 %
Chronic pulmonary disease	11.1 %
Cerebrovascular degeneration	8.9 %
Diabetes mellitus	10.1 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	41.5%
State	55.8%
Outside State	2.7%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	9.2 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	226
Occupancy Rate	91.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	52.4 %
Case Mix Index (CMI)	1.2763

STAFFING:

Total Number of Physicians	345
Percent of Physicians Board Certified Specialists	60.9 %
Medical Residents/Interns	0
Registered Nurses	257
Licensed Practical Nurses	21

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

*** Not used in calculating mortality rates**

BON SECOURS HOSPITAL

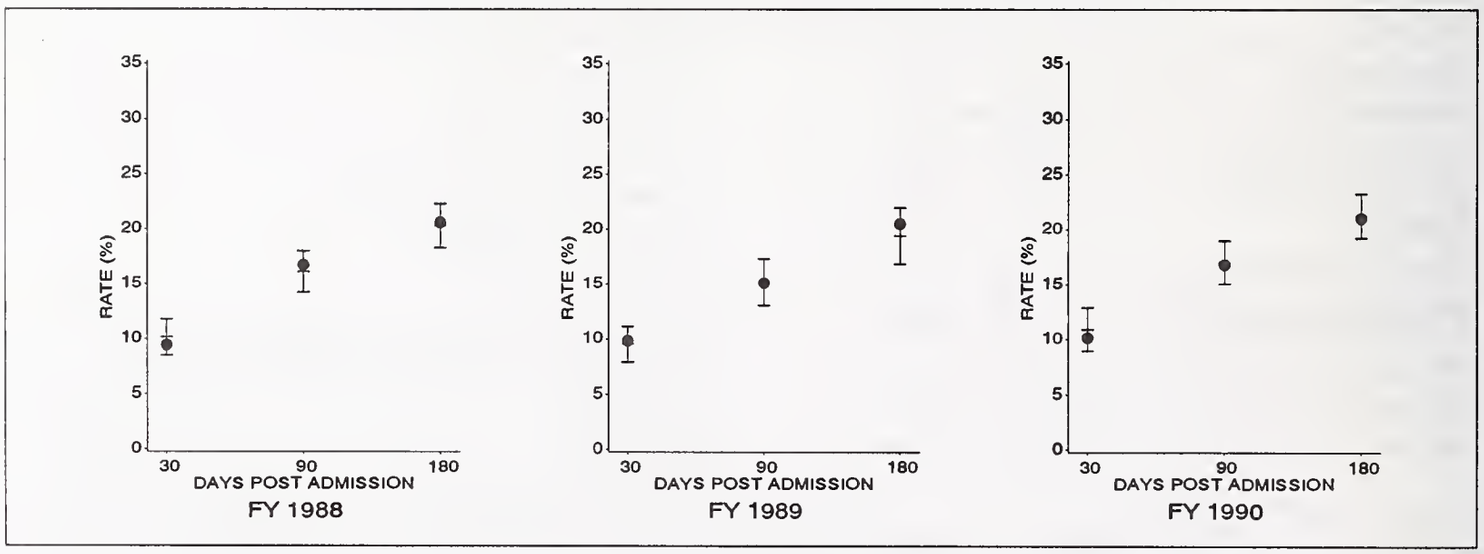
2025 W FAYETTE ST
BALTIMORE, MD 21223
Medicare Provider Number: 210013

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1679	10.1	10.9	1.0	16.8	17.0	1.0	21.0	21.2	1.0
CONDITIONS:										
Acute Myocardial Infarction	34	23.5	27.1	-----	32.4	29.5	-----	38.2	31.8	-----
Congestive Heart Failure	133	6.8	11.5	3.6	13.5	18.4	6.1	15.8	23.7	5.6
Pneumonia/Influenza	79	15.2	18.5	5.2	27.8	25.2	5.6	31.6	29.2	5.5
Chronic Obstructive Pulmonary Disease	28	10.7	9.2	-----	10.7	16.2	-----	21.4	21.4	-----
Transient Cerebral Ischemia	6	0.0	1.6	-----	0.0	3.9	-----	0.0	6.8	-----
Stroke	70	24.3	18.9	9.0	34.3	25.2	9.5	34.3	28.8	8.6
Hip Fracture	16	12.5	7.9	-----	12.5	13.2	-----	18.8	16.8	-----
Sepsis	38	26.3	28.4	-----	42.1	40.4	-----	47.4	46.3	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	4	0.0	5.2	-----	0.0	10.9	-----	0.0	15.3	-----
Carotid Endarterectomy	5	0.0	1.3	-----	0.0	2.4	-----	0.0	3.7	-----
Hip Replacement/Reconstruction	11	0.0	4.0	-----	9.1	7.3	-----	18.2	10.0	-----
Open Reduction of Hip Fracture	9	11.1	6.3	-----	11.1	10.6	-----	11.1	13.7	-----
Prostatectomy	68	0.0	1.4	2.3	2.9	3.4	3.1	7.4	5.8	4.3
Cholecystectomy	10	20.0	6.5	-----	20.0	14.6	-----	20.0	22.3	-----
Hysterectomy	5	0.0	2.8	-----	0.0	5.8	-----	0.0	8.2	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



BON SECOURS HOSPITAL
Medicare Provider Number: 210013

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	72.4 years
Proportion female	54.7 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	29.1 %
Transferred from skilled nursing facility	5.1 %
Admitted for elective procedure	10.2 %
Admitted for emergency	84.1 %

COMORBIDITIES:

Cancer	8.6 %
Chronic cardiovascular disease	26.7 %
Chronic liver disease	1.2 %
Chronic renal disease	11.9 %
Chronic pulmonary disease	10.4 %
Cerebrovascular degeneration	4.1 %
Diabetes mellitus	17.0 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	84.6%
State	14.3%
Outside State	1.1%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	11.3 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	176
Occupancy Rate	87.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	42.4 %
Case Mix Index (CMI)	1.2814

STAFFING:

Total Number of Physicians	164
Percent of Physicians Board Certified Specialists	64.6 %
Medical Residents/Interns	0
Registered Nurses	117
Licensed Practical Nurses	28

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	Yes
Hospice Care	Yes
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	Yes
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

CALVERT MEMORIAL HOSPITAL

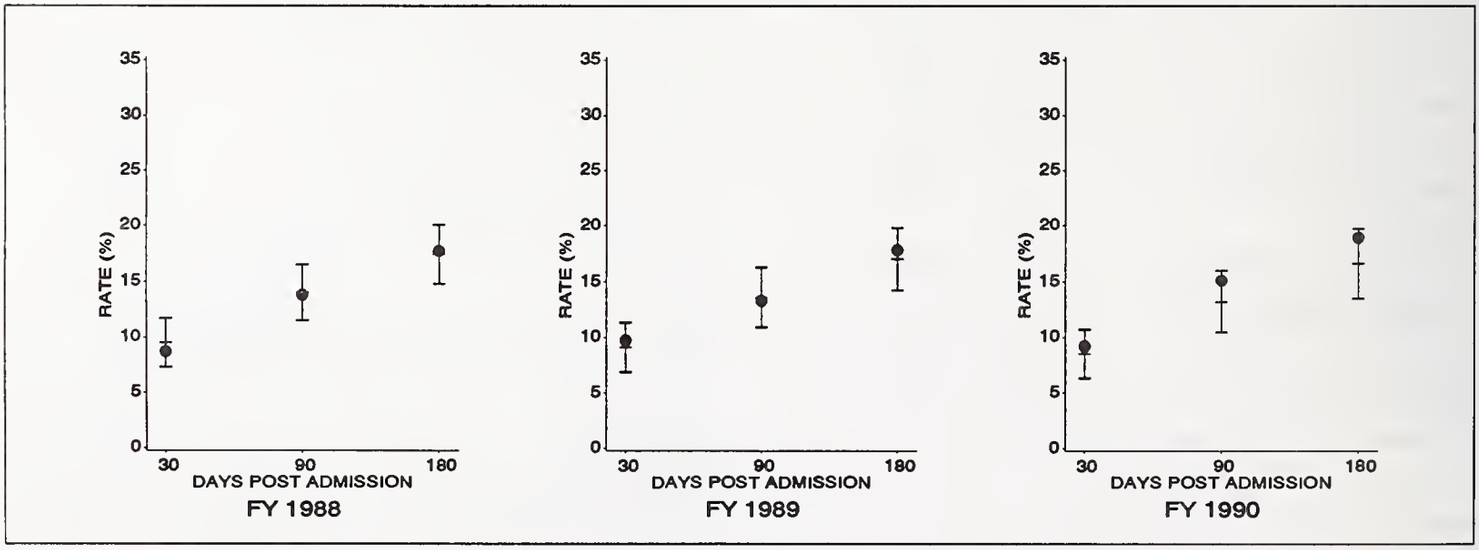
ROUTES 2 & 3
PRINCE FREDERICK, MD 20678
Medicare Provider Number: 210039

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	909	9.2	8.5	1.1	15.1	13.2	1.4	18.9	16.6	1.6
CONDITIONS:										
Acute Myocardial Infarction	29	13.8	25.8	-----	17.2	28.6	-----	24.1	31.2	-----
Congestive Heart Failure	37	16.2	14.7	-----	21.6	24.1	-----	29.7	30.7	-----
Pneumonia/Influenza	41	19.5	12.9	-----	29.3	18.6	-----	29.3	22.2	-----
Chronic Obstructive Pulmonary Disease	24	16.7	10.2	-----	29.2	17.1	-----	29.2	22.5	-----
Transient Cerebral Ischemia	14	0.0	1.6	-----	0.0	3.7	-----	7.1	6.1	-----
Stroke	45	17.8	19.2	-----	22.2	26.1	-----	28.9	29.9	-----
Hip Fracture	18	11.1	8.3	-----	11.1	14.5	-----	11.1	18.0	-----
Sepsis	5	60.0	39.6	-----	80.0	46.6	-----	80.0	50.3	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	5	0.0	1.1	-----	0.0	2.4	-----	0.0	3.9	-----
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	9	11.1	5.1	-----	11.1	9.6	-----	11.1	12.6	-----
Open Reduction of Hip Fracture	10	10.0	6.6	-----	10.0	11.6	-----	10.0	14.8	-----
Prostatectomy	28	0.0	0.8	-----	0.0	1.8	-----	3.6	3.2	-----
Cholecystectomy	12	0.0	2.3	-----	0.0	3.8	-----	0.0	4.8	-----
Hysterectomy	4	0.0	0.1	-----	0.0	0.2	-----	0.0	0.4	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



CALVERT MEMORIAL HOSPITAL
Medicare Provider Number: 210039

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.7 years
Proportion female	54.4 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	40.3 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	40.1 %
Admitted for emergency	57.7 %

COMORBIDITIES:

Cancer	7.3 %
Chronic cardiovascular disease	38.9 %
Chronic liver disease	1.4 %
Chronic renal disease	3.6 %
Chronic pulmonary disease	26.7 %
Cerebrovascular degeneration	4.2 %
Diabetes mellitus	8.8 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	72.6%
State	22.7%
Outside State	4.7%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	7.2 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	121
Occupancy Rate	66.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	29.8 %
Case Mix Index (CMI)	1.1520

STAFFING:

Total Number of Physicians	65
Percent of Physicians Board Certified Specialists	80.0 %
Medical Residents/Interns	0
Registered Nurses	102
Licensed Practical Nurses	6

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	Yes
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

*** Not used in calculating mortality rates**

CARROLL COUNTY GENERAL HOSPITAL

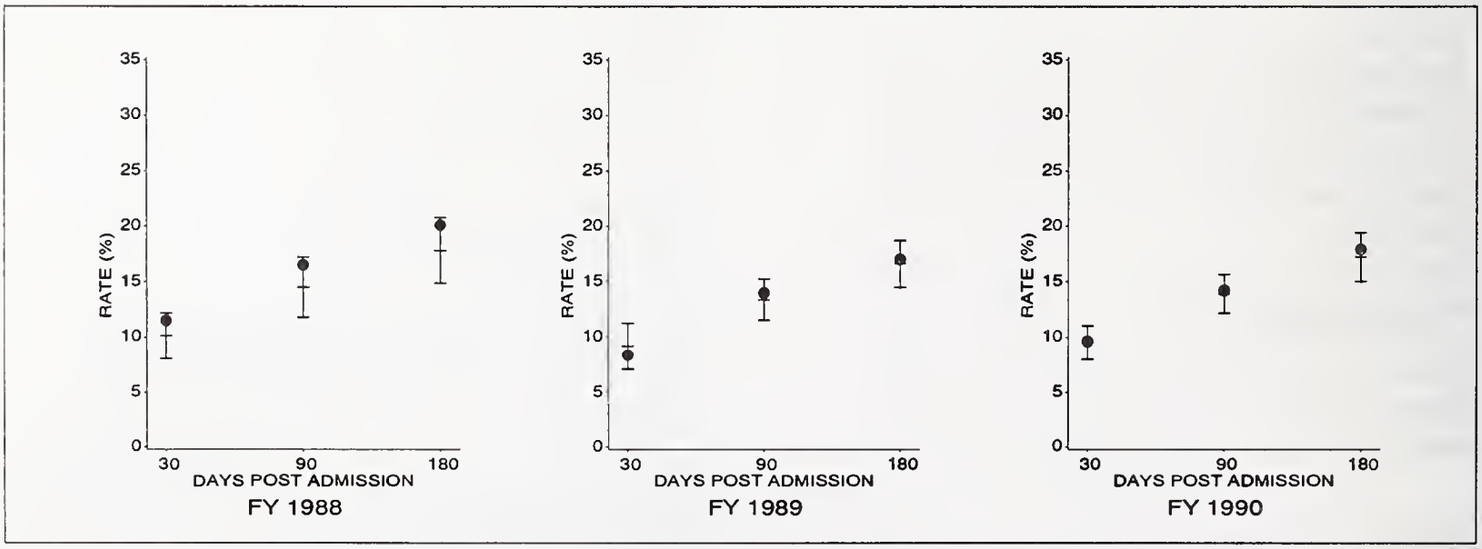
MEMORIAL AVE
WESTMINSTER, MD 21157
Medicare Provider Number: 210033

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1757	9.6	9.5	0.8	14.2	13.9	0.9	17.9	17.2	1.1
CONDITIONS:										
Acute Myocardial Infarction	76	34.2	29.1	7.3	35.5	31.9	7.3	39.5	34.5	7.5
Congestive Heart Failure	104	14.4	13.6	4.0	21.2	21.1	4.0	25.0	26.9	4.7
Pneumonia/Influenza	54	14.8	16.8	6.0	24.1	23.1	5.8	27.8	27.1	6.6
Chronic Obstructive Pulmonary Disease	43	7.0	6.3	-----	14.0	11.6	-----	16.3	16.1	-----
Transient Cerebral Ischemia	39	2.6	1.7	-----	2.6	3.9	-----	2.6	6.3	-----
Stroke	63	23.8	20.2	7.2	28.6	27.0	6.9	28.6	30.9	8.6
Hip Fracture	61	0.0	5.8	4.8	4.9	10.3	5.4	9.8	13.5	5.0
Sepsis	38	26.3	24.5	-----	36.8	30.9	-----	42.1	35.2	-----
PROCEDURES:										
Angioplasty	1	0.0	9.1	-----	0.0	13.7	-----	0.0	17.4	-----
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	1	0.0	2.3	-----	0.0	5.7	-----	0.0	9.4	-----
Carotid Endarterectomy	1	0.0	1.5	-----	0.0	2.7	-----	0.0	4.1	-----
Hip Replacement/Reconstruction	29	0.0	3.8	-----	0.0	6.9	-----	6.9	9.3	-----
Open Reduction of Hip Fracture	8	0.0	7.6	-----	25.0	13.7	-----	25.0	17.7	-----
Prostatectomy	106	2.8	1.2	2.0	2.8	2.6	2.7	3.8	4.3	3.9
Cholecystectomy	38	2.6	2.9	-----	2.6	5.6	-----	2.6	7.5	-----
Hysterectomy	11	0.0	1.2	-----	0.0	2.5	-----	0.0	3.9	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



CARROLL COUNTY GENERAL HOSPITAL
Medicare Provider Number: 210033

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	75.9 years
Proportion female	56.3 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	16.5 %
Transferred from skilled nursing facility	0.5 %
Admitted for elective procedure	16.2 %
Admitted for emergency	67.4 %

COMORBIDITIES:

Cancer	7.9 %
Chronic cardiovascular disease	36.2 %
Chronic liver disease	0.7 %
Chronic renal disease	1.3 %
Chronic pulmonary disease	12.9 %
Cerebrovascular degeneration	3.9 %
Diabetes mellitus	6.4 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	82.1%
State	15.0%
Outside State	2.9%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	7.7 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	118
Occupancy Rate	80.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	(Not Available)
Case Mix Index (CMI)	1.1397

STAFFING:

Total Number of Physicians	114
Percent of Physicians Board Certified Specialists	80.7 %
Medical Residents/Interns	0
Registered Nurses	130
Licensed Practical Nurses	24

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

CHILDRENS HOSPITAL INC

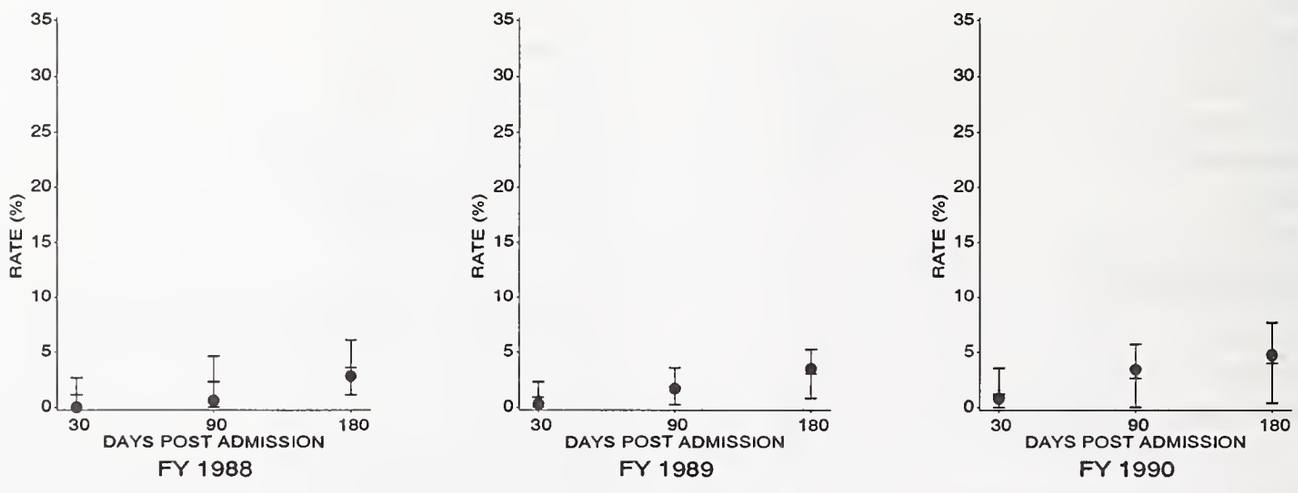
3825 GREENSPRING AVE
BALTIMORE, MD 21211
Medicare Provider Number: 210031

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	380	0.8	1.2	1.2	3.4	2.6	1.5	4.7	4.0	1.8
CONDITIONS:										
Acute Myocardial Infarction	0									
Congestive Heart Failure	0									
Pneumonia/Influenza	1	0.0	9.2	-----	100.0	16.4	-----	100.0	19.9	-----
Chronic Obstructive Pulmonary Disease	0									
Transient Cerebral Ischemia	0									
Stroke	0									
Hip Fracture	6	33.3	5.8	-----	50.0	10.9	-----	50.0	15.1	-----
Sepsis	0									
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	59	0.0	0.8	1.4	1.7	1.5	1.6	1.7	2.2	2.6
Open Reduction of Hip Fracture	5	40.0	4.9	-----	60.0	9.9	-----	60.0	14.3	-----
Prostatectomy	0									
Cholecystectomy	0									
Hysterectomy	0									

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



CHILDRENS HOSPITAL INC
Medicare Provider Number: 210031

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	72.2 years
Proportion female	65.5 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	96.8 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	96.6 %
Admitted for emergency	0.5 %

COMORBIDITIES:

Cancer	2.6 %
Chronic cardiovascular disease	22.6 %
Chronic liver disease	0.3 %
Chronic renal disease	0.8 %
Chronic pulmonary disease	12.4 %
Cerebrovascular degeneration	2.1 %
Diabetes mellitus	4.5 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	35.6%
State	60.7%
Outside State	3.7%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	15.1 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	68
Occupancy Rate	61.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	33.1 %
Case Mix Index (CMI)	1.6683

STAFFING:

Total Number of Physicians	158
Percent of Physicians Board Certified Specialists	79.1 %
Medical Residents/Interns	0
Registered Nurses	81
Licensed Practical Nurses	1

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	Yes
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

CHURCH HOSPITAL CORPORATION

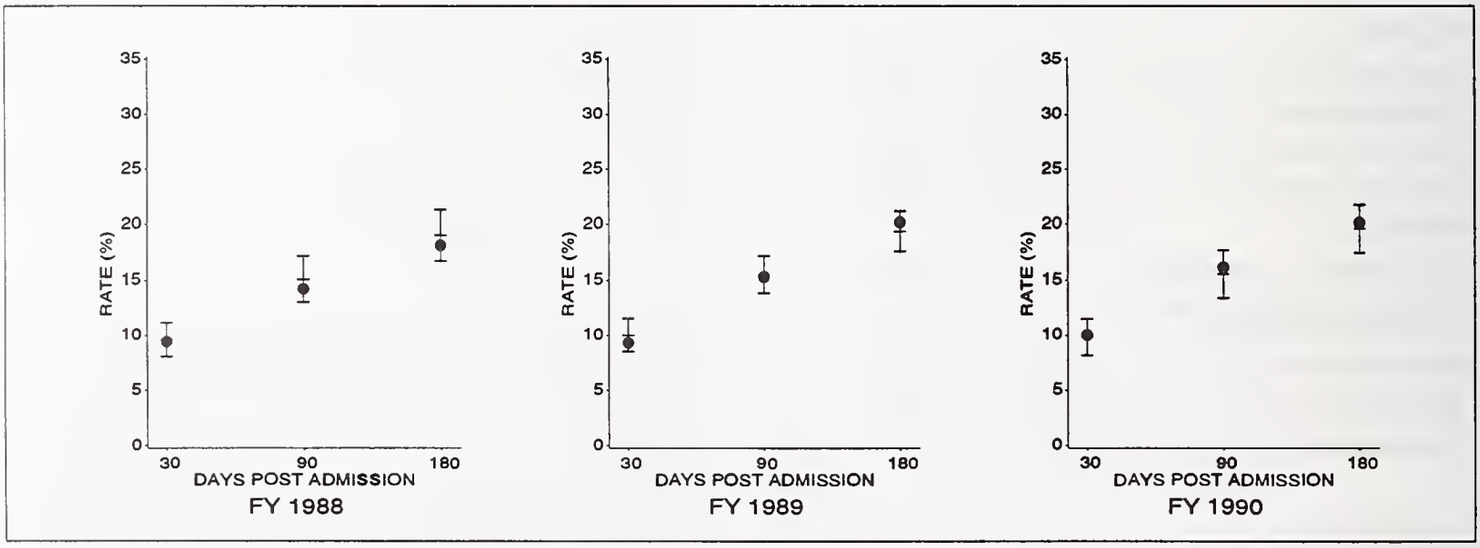
100 N BROADWAY
BALTIMORE, MD 21231
Medicare Provider Number: 210026

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	2254	10.0	9.8	0.8	16.1	15.5	1.1	20.1	19.6	1.1
CONDITIONS:										
Acute Myocardial Infarction	61	13.1	26.6	7.7	23.0	29.9	6.5	29.5	32.9	7.0
Congestive Heart Failure	140	17.1	15.5	3.5	24.3	24.9	3.8	29.3	31.4	4.8
Pneumonia/Influenza	120	13.3	16.2	4.3	24.2	22.6	4.0	28.3	26.8	4.1
Chronic Obstructive Pulmonary Disease	62	11.3	9.3	4.3	17.7	16.3	4.8	19.4	21.7	5.4
Transient Cerebral Ischemia	42	2.4	1.4	-----	4.8	3.3	-----	4.8	5.4	-----
Stroke	90	15.6	18.5	4.8	21.1	24.8	6.1	26.7	28.7	6.0
Hip Fracture	43	2.3	6.4	-----	9.3	11.8	-----	16.3	15.4	-----
Sepsis	41	24.4	25.7	-----	36.6	36.4	-----	43.9	42.6	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	26	3.8	2.5	-----	3.8	5.2	-----	7.7	8.0	-----
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	19	0.0	3.3	-----	5.3	6.6	-----	5.3	9.0	-----
Open Reduction of Hip Fracture	29	3.4	6.4	-----	10.3	11.8	-----	20.7	15.6	-----
Prostatectomy	77	1.3	1.4	1.8	2.6	3.3	3.1	2.6	5.6	4.2
Cholecystectomy	28	7.1	3.5	-----	10.7	7.6	-----	14.3	11.2	-----
Hysterectomy	15	0.0	0.7	-----	0.0	1.8	-----	6.7	3.0	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



CHURCH HOSPITAL CORPORATION
Medicare Provider Number: 210026

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.4 years
Proportion female	58.5 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	84.0 %
Transferred from skilled nursing facility	9.5 %
Admitted for elective procedure	15.2 %
Admitted for emergency	56.4 %

COMORBIDITIES:

Cancer	8.8 %
Chronic cardiovascular disease	44.8 %
Chronic liver disease	1.1 %
Chronic renal disease	3.6 %
Chronic pulmonary disease	18.5 %
Cerebrovascular degeneration	6.1 %
Diabetes mellitus	10.2 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	66.4%
State	32.5%
Outside State	1.1%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	11.6 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	216
Occupancy Rate	88.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	44.1 %
Case Mix Index (CMI)	1.2944

STAFFING:

Total Number of Physicians	230
Percent of Physicians Board Certified Specialists	65.2 %
Medical Residents/Interns	0
Registered Nurses	144
Licensed Practical Nurses	23

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	Yes
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	Yes
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

* Not used in calculating mortality rates

DOCTORS COMMUNITY HOSPITAL

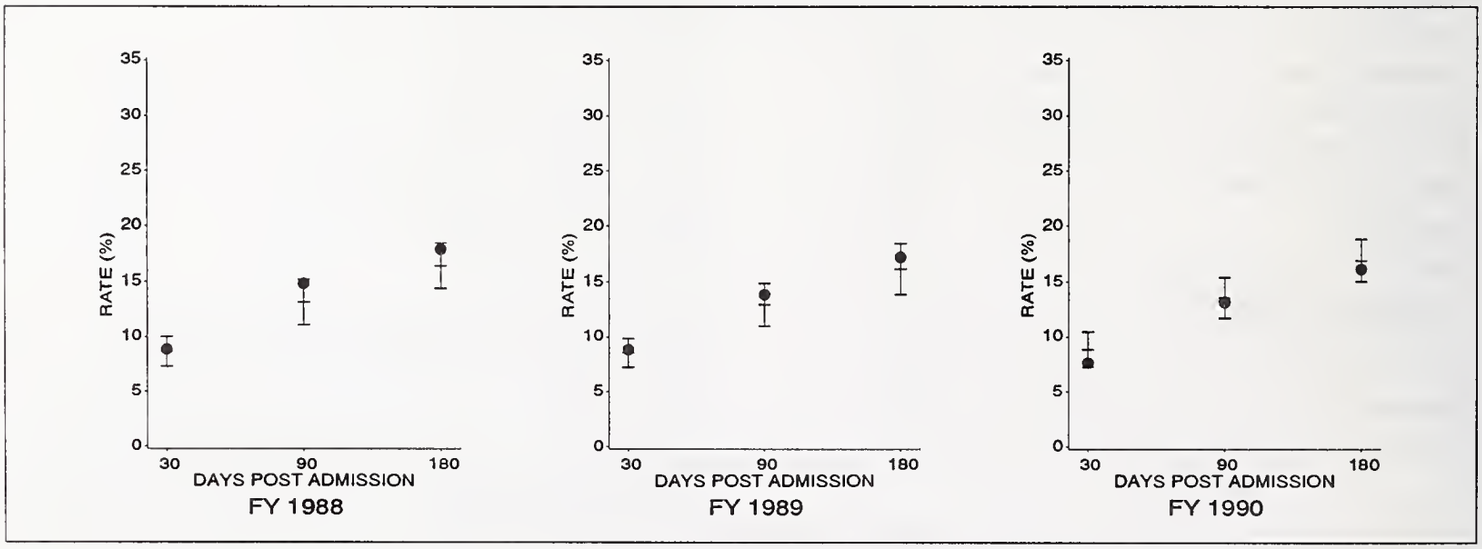
8118 GOOD LUCK RD
LANHAM, MD 20706
Medicare Provider Number: 210051

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%) 30 DAYS OBS	30 DAYS PRED	30 DAYS SD*	90 DAYS OBS	90 DAYS PRED	90 DAYS SD*	180 DAYS OBS	180 DAYS PRED	180 DAYS SD*
ALL CAUSES	1786	7.6	8.8	0.8	13.1	13.5	0.9	16.1	16.9	1.0
CONDITIONS:										
Acute Myocardial Infarction	30	26.7	23.7	-----	33.3	26.1	-----	33.3	28.5	-----
Congestive Heart Failure	116	15.5	14.0	3.4	22.4	22.7	3.9	25.0	29.0	5.2
Pneumonia/Influenza	82	11.0	16.0	6.6	19.5	22.1	5.5	22.0	25.8	5.9
Chronic Obstructive Pulmonary Disease	21	0.0	6.8	-----	14.3	11.4	-----	23.8	15.4	-----
Transient Cerebral Ischemia	34	0.0	1.7	-----	0.0	3.5	-----	0.0	5.5	-----
Stroke	70	21.4	18.8	6.5	24.3	24.5	5.4	27.1	28.0	6.4
Hip Fracture	42	7.1	8.5	-----	19.0	14.5	-----	21.4	18.2	-----
Sepsis	32	15.6	27.8	-----	37.5	36.5	-----	40.6	41.1	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	6	0.0	1.5	-----	0.0	3.2	-----	0.0	5.1	-----
Carotid Endarterectomy	10	0.0	1.3	-----	0.0	2.5	-----	0.0	3.8	-----
Hip Replacement/Reconstruction	27	0.0	3.6	-----	11.1	6.4	-----	14.8	8.4	-----
Open Reduction of Hip Fracture	23	13.0	9.0	-----	21.7	15.8	-----	21.7	20.1	-----
Prostatectomy	74	1.4	0.9	1.5	2.7	2.2	2.2	5.4	3.6	2.9
Cholecystectomy	34	0.0	2.2	-----	2.9	3.8	-----	5.9	5.2	-----
Hysterectomy	11	0.0	0.1	-----	0.0	0.3	-----	0.0	0.5	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



DOCTORS COMMUNITY HOSPITAL
Medicare Provider Number: 210051

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	73.5 years
Proportion female	62.0 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	45.3 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	22.4 %
Admitted for emergency	52.8 %

COMORBIDITIES:

Cancer	7.5 %
Chronic cardiovascular disease	35.5 %
Chronic liver disease	1.0 %
Chronic renal disease	2.8 %
Chronic pulmonary disease	17.0 %
Cerebrovascular degeneration	2.9 %
Diabetes mellitus	13.6 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	80.7%
State	11.3%
Outside State	8.0%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	10.7 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	250
Occupancy Rate	72.0 %
Ownership/Control	Private, For Profit
Medicare Discharges	(Not Available)
Case Mix Index (CMI)	1.2363

STAFFING:

Total Number of Physicians	(Not Available)
Percent of Physicians Board Certified Specialists	(Not Available)
Medical Residents/Interns	(Not Available)
Registered Nurses	(Not Available)
Licensed Practical Nurses	(Not Available)

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

* Not used in calculating mortality rates

DORCHESTER GENERAL HOSPITAL

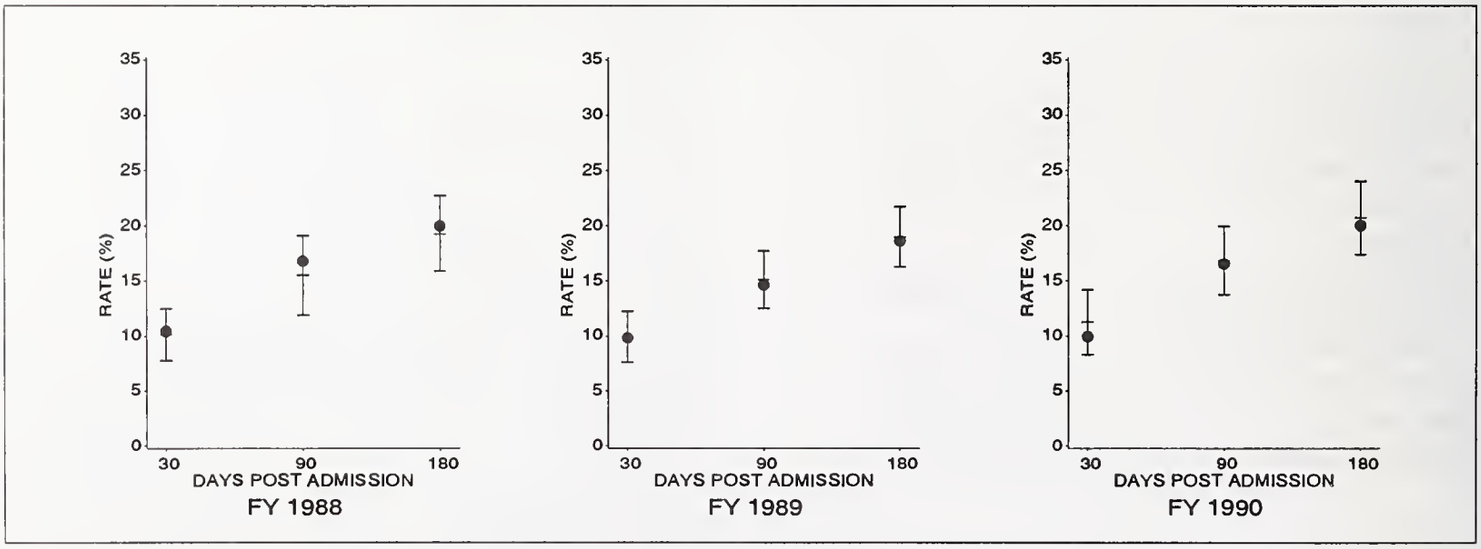
300 BYRN ST, BOX 439
CAMBRIDGE, MD 21613
Medicare Provider Number: 210010

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	855	9.9	11.2	1.5	16.5	16.8	1.6	20.0	20.7	1.7
CONDITIONS:										
Acute Myocardial Infarction	18	27.8	27.5	-----	33.3	29.6	-----	33.3	32.0	-----
Congestive Heart Failure	65	12.3	14.2	4.6	21.5	22.5	5.2	24.6	28.8	6.0
Pneumonia/Influenza	37	10.8	12.4	-----	18.9	17.0	-----	18.9	20.4	-----
Chronic Obstructive Pulmonary Disease	17	5.9	7.7	-----	5.9	14.4	-----	17.6	19.4	-----
Transient Cerebral Ischemia	13	0.0	1.9	-----	7.7	4.3	-----	23.1	6.9	-----
Stroke	43	20.9	20.0	-----	25.6	27.7	-----	30.2	31.8	-----
Hip Fracture	22	13.6	7.7	-----	13.6	13.1	-----	18.2	16.7	-----
Sepsis	32	28.1	33.2	-----	37.5	40.1	-----	37.5	44.6	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	6	0.0	3.8	-----	0.0	7.5	-----	0.0	10.8	-----
Carotid Endarterectomy	1	0.0	2.0	-----	0.0	3.4	-----	0.0	5.1	-----
Hip Replacement/Reconstruction	2	0.0	6.3	-----	0.0	9.6	-----	0.0	11.9	-----
Open Reduction of Hip Fracture	16	6.3	7.0	-----	6.3	12.3	-----	12.5	16.1	-----
Prostatectomy	26	0.0	1.7	-----	0.0	4.2	-----	3.8	7.0	-----
Cholecystectomy	13	7.7	3.4	-----	7.7	6.1	-----	7.7	7.7	-----
Hysterectomy	9	0.0	1.1	-----	0.0	2.5	-----	0.0	3.9	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



DORCHESTER GENERAL HOSPITAL
Medicare Provider Number: 210010

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	76.1 years
Proportion female	56.5 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	36.1 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	0.0 %
Admitted for emergency	95.8 %

COMORBIDITIES:

Cancer	7.8 %
Chronic cardiovascular disease	43.5 %
Chronic liver disease	0.7 %
Chronic renal disease	2.5 %
Chronic pulmonary disease	18.9 %
Cerebrovascular degeneration	6.5 %
Diabetes mellitus	12.9 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	88.8%
State	9.2%
Outside State	2.0%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	8.6 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	114
Occupancy Rate	56.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	40.4 %
Case Mix Index (CMI)	1.1817

STAFFING:

Total Number of Physicians	37
Percent of Physicians Board Certified Specialists	67.6 %
Medical Residents/Interns	0
Registered Nurses	84
Licensed Practical Nurses	24

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

EDWARD W MCCREADY MEMORIAL HOSPITAL

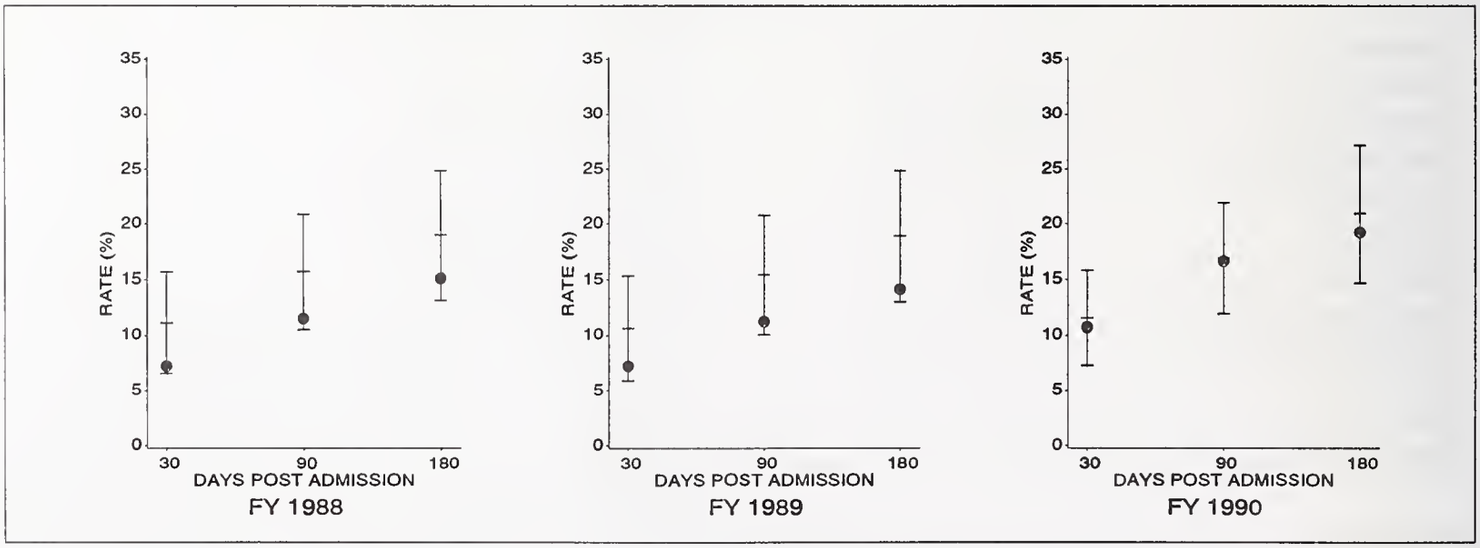
201 HALL HIGHWAY
CRISFIELD, MD 21817
Medicare Provider Number: 210045

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	271	10.7	11.5	2.1	16.6	16.9	2.5	19.2	20.9	3.1
CONDITIONS:										
Acute Myocardial Infarction	11	36.4	31.7	-----	36.4	34.4	-----	36.4	37.8	-----
Congestive Heart Failure	18	33.3	17.0	-----	33.3	25.7	-----	33.3	31.6	-----
Pneumonia/Influenza	17	17.6	14.2	-----	23.5	19.3	-----	29.4	22.6	-----
Chronic Obstructive Pulmonary Disease	16	6.3	10.8	-----	6.3	18.8	-----	12.5	24.2	-----
Transient Cerebral Ischemia	9	0.0	1.4	-----	0.0	3.3	-----	0.0	5.7	-----
Stroke	11	18.2	17.2	-----	36.4	21.7	-----	54.5	24.9	-----
Hip Fracture	3	0.0	3.0	-----	0.0	5.4	-----	0.0	7.3	-----
Sepsis	2	50.0	44.4	-----	50.0	49.2	-----	50.0	53.5	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	3	0.0	1.3	-----	0.0	3.1	-----	0.0	5.3	-----
Cholecystectomy	6	0.0	6.6	-----	0.0	13.6	-----	16.7	19.0	-----
Hysterectomy	6	0.0	0.3	-----	0.0	0.6	-----	0.0	1.1	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



EDWARD W MCCREADY MEMORIAL HOSPITAL

Medicare Provider Number: 210045

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	76.0 years
Proportion female	60.1 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	0.4 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	0.0 %
Admitted for emergency	97.4 %

COMORBIDITIES:

Cancer	7.4 %
Chronic cardiovascular disease	24.0 %
Chronic liver disease	1.1 %
Chronic renal disease	7.0 %
Chronic pulmonary disease	12.2 %
Cerebrovascular degeneration	1.8 %
Diabetes mellitus	16.6 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	90.2%
State	6.6%
Outside State	3.2%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	5.3 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	41
Occupancy Rate	68.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	(Not Available)
Case Mix Index (CMI)	0.9918

STAFFING:

Total Number of Physicians	13
Percent of Physicians Board Certified Specialists	53.8 %
Medical Residents/Interns	0
Registered Nurses	19
Licensed Practical Nurses	15

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	No
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	Yes

*** Not used in calculating mortality rates**

EUGENE LELAND MEMORIAL HOSPITAL

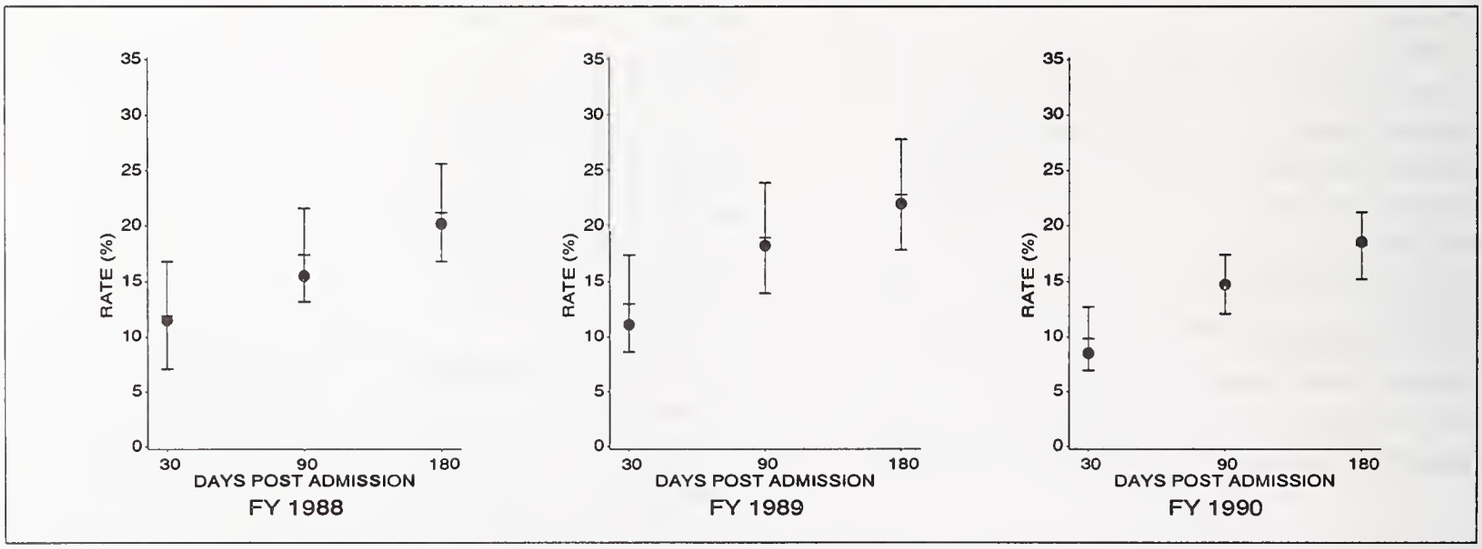
4408 QUEENSBURY ROAD
RIVERDALE, MD 20737
Medicare Provider Number: 210036

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	703	8.5	9.8	1.5	14.7	14.7	1.3	18.5	18.2	1.5
CONDITIONS:										
Acute Myocardial Infarction	13	30.8	25.2	-----	38.5	28.0	-----	38.5	30.7	-----
Congestive Heart Failure	43	14.0	14.9	-----	16.3	23.7	-----	23.3	30.2	-----
Pneumonia/Influenza	23	4.3	13.6	-----	8.7	18.7	-----	13.0	21.9	-----
Chronic Obstructive Pulmonary Disease	15	6.7	10.0	-----	20.0	16.9	-----	33.3	21.4	-----
Transient Cerebral Ischemia	23	0.0	2.2	-----	0.0	4.9	-----	0.0	8.0	-----
Stroke	27	37.0	27.8	-----	48.1	36.4	-----	48.1	40.9	-----
Hip Fracture	19	5.3	7.1	-----	21.1	12.4	-----	21.1	15.8	-----
Sepsis	11	45.5	34.1	-----	54.5	42.1	-----	54.5	47.4	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	4	0.0	3.3	-----	0.0	6.4	-----	0.0	8.6	-----
Carotid Endarterectomy	1	0.0	0.9	-----	0.0	1.9	-----	0.0	3.4	-----
Hip Replacement/Reconstruction	4	0.0	5.2	-----	0.0	9.7	-----	0.0	13.1	-----
Open Reduction of Hip Fracture	11	9.1	6.4	-----	18.2	11.3	-----	18.2	14.3	-----
Prostatectomy	20	0.0	2.8	-----	20.0	6.7	-----	20.0	10.8	-----
Cholecystectomy	17	5.9	3.8	-----	5.9	6.8	-----	11.8	8.6	-----
Hysterectomy	2	0.0	1.5	-----	0.0	3.7	-----	0.0	6.1	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



EUGENE LELAND MEMORIAL HOSPITAL
Medicare Provider Number: 210036

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.8 years
Proportion female	62.7 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	24.6 %
Transferred from skilled nursing facility	0.9 %
Admitted for elective procedure	4.6 %
Admitted for emergency	73.0 %

COMORBIDITIES:

Cancer	5.5 %
Chronic cardiovascular disease	36.8 %
Chronic liver disease	0.7 %
Chronic renal disease	5.1 %
Chronic pulmonary disease	11.1 %
Cerebrovascular degeneration	4.0 %
Diabetes mellitus	10.4 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	84.6%
State	7.8%
Outside State	7.6%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	11.4 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	107
Occupancy Rate	70.0 %
Ownership/Control	Church
Medicare Discharges	(Not Available)
Case Mix Index (CMI)	1.1607

STAFFING:

Total Number of Physicians	265
Percent of Physicians Board Certified Specialists	49.8 %
Medical Residents/Interns	0
Registered Nurses	74
Licensed Practical Nurses	7

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

** Except for CMI

* Not used in calculating mortality rates

FALLSTON GENERAL HOSPITAL

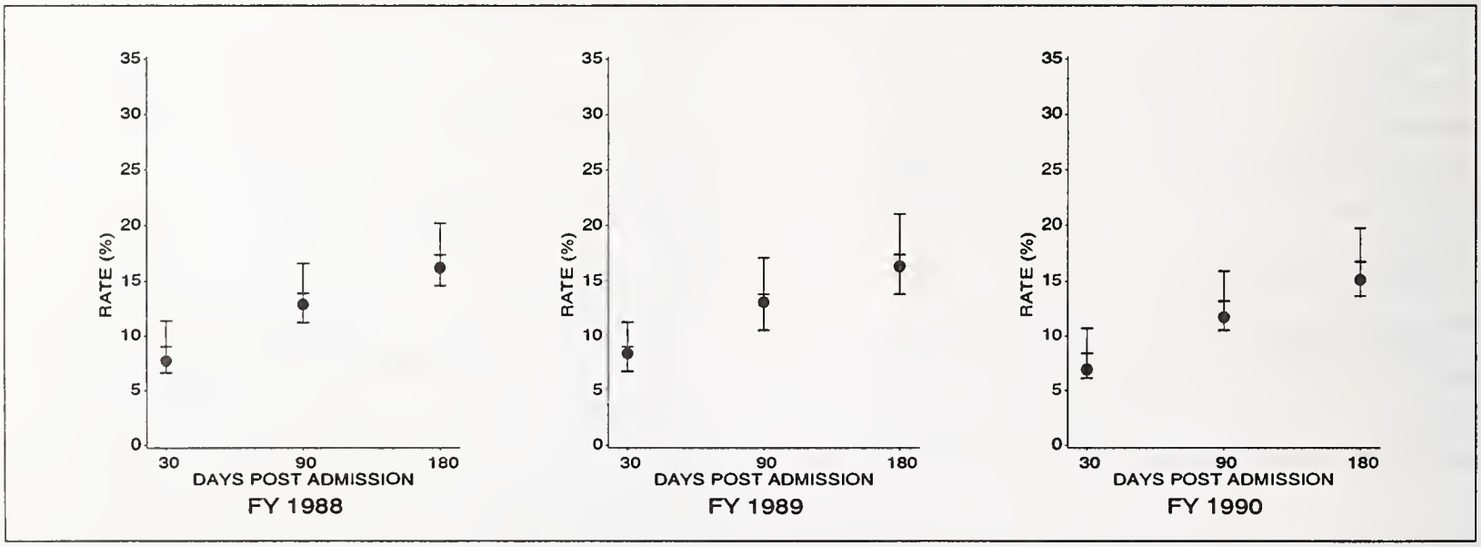
200 MILTON AVE
FALLSTON, MD 21047
Medicare Provider Number: 210049

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%) 30 DAYS OBS	30 DAYS PRED	30 DAYS SD*	90 DAYS OBS	90 DAYS PRED	90 DAYS SD*	180 DAYS OBS	180 DAYS PRED	180 DAYS SD*
ALL CAUSES	1677	6.9	8.4	1.1	11.7	13.2	1.3	15.1	16.7	1.5
CONDITIONS:										
Acute Myocardial Infarction	63	14.3	21.3	6.5	17.5	25.2	7.5	22.2	28.1	8.3
Congestive Heart Failure	117	11.1	13.7	4.0	19.7	22.0	4.8	30.8	28.2	4.7
Pneumonia/Influenza	47	14.9	16.2	-----	21.3	21.8	-----	23.4	25.5	-----
Chronic Obstructive Pulmonary Disease	15	0.0	6.6	-----	0.0	12.4	-----	0.0	17.1	-----
Transient Cerebral Ischemia	56	0.0	1.7	2.3	1.8	3.9	3.1	3.6	6.3	4.0
Stroke	57	26.3	20.3	6.7	29.8	27.1	6.2	33.3	31.1	6.3
Hip Fracture	44	2.3	6.9	-----	9.1	12.8	-----	11.4	16.9	-----
Sepsis	11	18.2	22.9	-----	36.4	32.6	-----	45.5	38.7	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	27	3.7	3.3	-----	7.4	6.9	-----	7.4	10.3	-----
Carotid Endarterectomy	17	0.0	1.7	-----	5.9	3.1	-----	5.9	4.8	-----
Hip Replacement/Reconstruction	20	5.0	4.0	-----	10.0	7.9	-----	15.0	10.9	-----
Open Reduction of Hip Fracture	25	4.0	6.0	-----	12.0	11.5	-----	12.0	15.6	-----
Prostatectomy	24	0.0	0.4	-----	0.0	0.9	-----	0.0	1.6	-----
Cholecystectomy	21	0.0	3.1	-----	0.0	5.8	-----	4.8	7.7	-----
Hysterectomy	4	0.0	0.5	-----	0.0	1.3	-----	0.0	2.2	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



FALLSTON GENERAL HOSPITAL

Medicare Provider Number: 210049

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.7 years
Proportion female	55.9 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	31.7 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	12.5 %
Admitted for emergency	66.4 %

COMORBIDITIES:

Cancer	6.5 %
Chronic cardiovascular disease	38.2 %
Chronic liver disease	0.8 %
Chronic renal disease	4.4 %
Chronic pulmonary disease	13.0 %
Cerebrovascular degeneration	6.4 %
Diabetes mellitus	10.6 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	78.2%
State	18.0%
Outside State	3.8%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	7.6 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	120
Occupancy Rate	83.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	45.1 %
Case Mix Index (CMI)	1.1116

STAFFING:

Total Number of Physicians	141
Percent of Physicians Board Certified Specialists	74.5 %
Medical Residents/Interns	0
Registered Nurses	121
Licensed Practical Nurses	25

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	Yes
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

*** Not used in calculating mortality rates**

FRANCIS SCOTT KEY MEDICAL CENTER

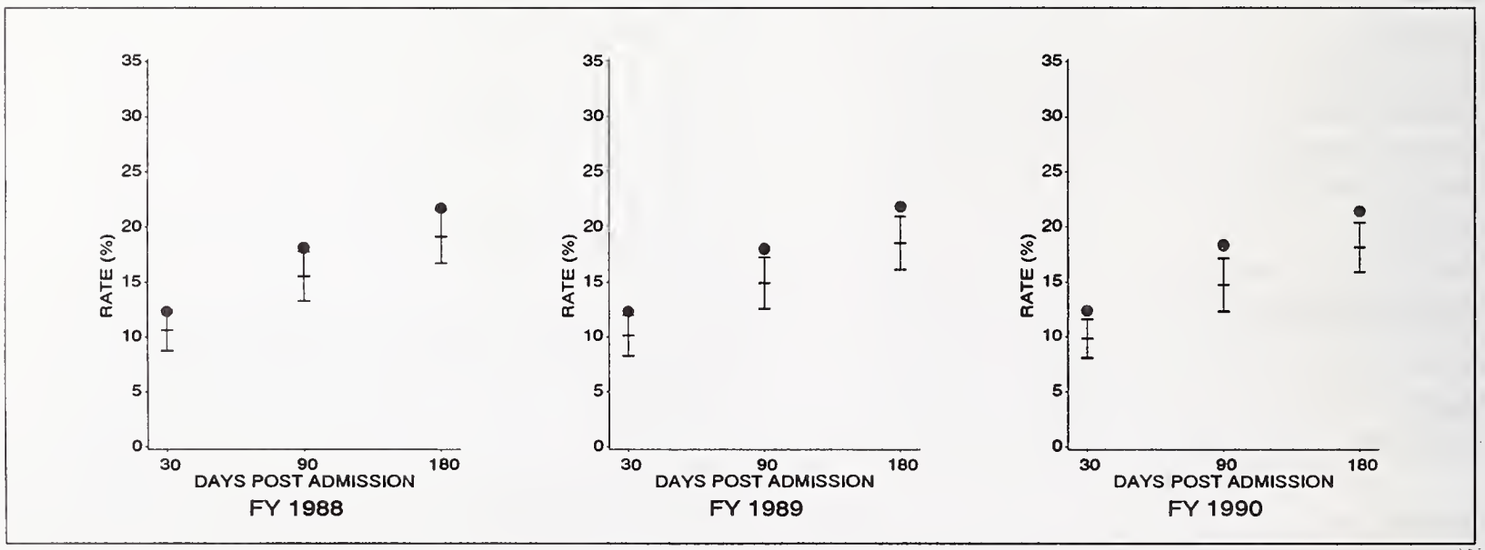
4940 EASTERN AVE
BALTIMORE, MD 21224
Medicare Provider Number: 210029

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	2049	12.4	9.8	0.9	18.3	14.7	1.2	21.4	18.1	1.1
CONDITIONS:										
Acute Myocardial Infarction	92	26.1	23.0	5.7	28.3	25.7	5.3	29.3	28.2	4.9
Congestive Heart Failure	84	13.1	14.3	4.6	17.9	22.7	6.3	23.8	28.6	6.8
Pneumonia/Influenza	73	17.8	16.0	4.6	21.9	21.9	6.3	26.0	25.4	7.2
Chronic Obstructive Pulmonary Disease	43	4.7	8.0	-----	7.0	13.6	-----	14.0	18.0	-----
Transient Cerebral Ischemia	32	6.3	1.3	-----	6.3	2.8	-----	6.3	4.5	-----
Stroke	89	28.1	19.9	6.5	38.2	26.4	7.6	42.7	30.2	7.9
Hip Fracture	58	12.1	7.2	5.8	20.7	12.8	7.8	24.1	16.6	7.9
Sepsis	19	5.3	22.3	-----	15.8	29.1	-----	21.1	33.9	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	8	0.0	2.5	-----	12.5	4.7	-----	25.0	6.7	-----
Carotid Endarterectomy	9	0.0	1.7	-----	0.0	3.2	-----	0.0	4.5	-----
Hip Replacement/Reconstruction	16	0.0	3.7	-----	6.3	7.2	-----	6.3	9.8	-----
Open Reduction of Hip Fracture	35	11.4	6.0	-----	22.9	11.2	-----	25.7	14.8	-----
Prostatectomy	60	1.7	0.7	1.4	1.7	1.7	3.5	5.0	2.9	4.6
Cholecystectomy	21	0.0	4.5	-----	9.5	8.2	-----	9.5	10.7	-----
Hysterectomy	4	0.0	0.4	-----	0.0	1.0	-----	0.0	1.9	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



FRANCIS SCOTT KEY MEDICAL CENTER
Medicare Provider Number: 210029

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	70.8 years
Proportion female	51.4 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	16.1 %
Transferred from skilled nursing facility	0.2 %
Admitted for elective procedure	15.1 %
Admitted for emergency	67.3 %

COMORBIDITIES:

Cancer	5.9 %
Chronic cardiovascular disease	35.6 %
Chronic liver disease	0.9 %
Chronic renal disease	7.2 %
Chronic pulmonary disease	15.0 %
Cerebrovascular degeneration	7.9 %
Diabetes mellitus	7.3 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	46.4%
State	52.1%
Outside State	1.5%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	11.9 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	564
Occupancy Rate	84.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	26.2 %
Case Mix Index (CMI)	1.2587

STAFFING:

Total Number of Physicians	340
Percent of Physicians Board Certified Specialists	66.2 %
Medical Residents/Interns	48
Registered Nurses	370
Licensed Practical Nurses	100

SPECIALTY SERVICES:

Burn Unit	Yes
Cardiac Intensive Care	Yes
Comprehensive Geriatric	Yes
Hospice Care	Yes
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	Yes
Other Intensive Care	No
Trauma Center	Yes

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	Yes
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

** Except for CMI

*** Not used in calculating mortality rates**

FRANKLIN SQUARE HOSPITAL

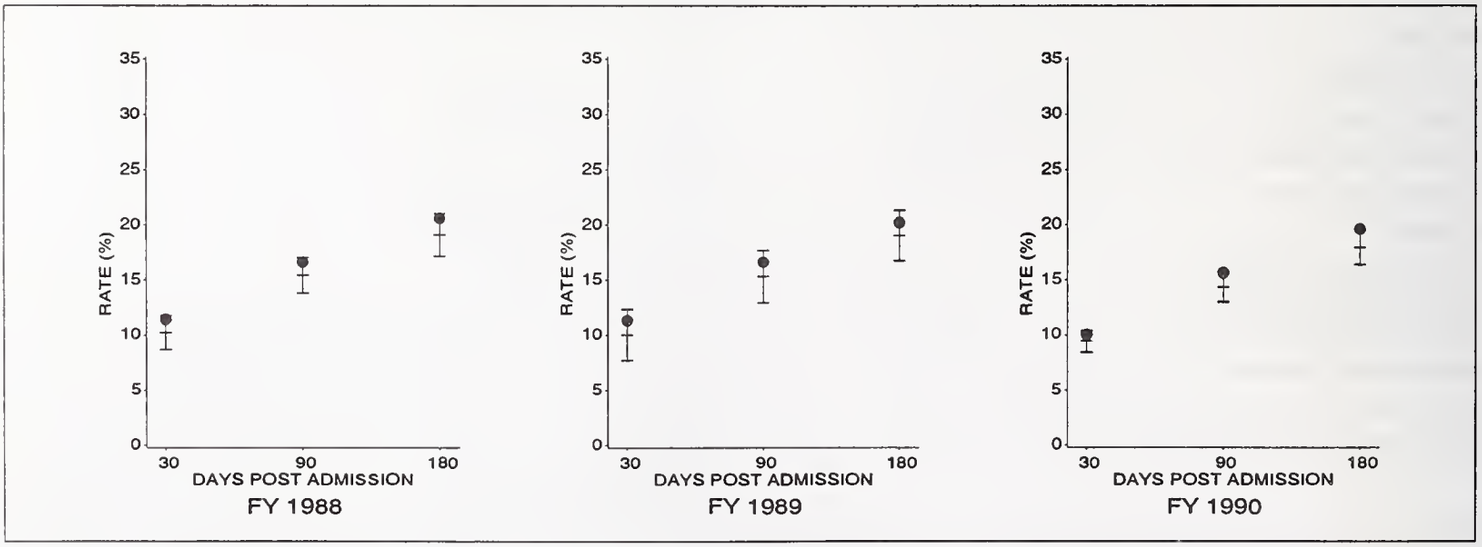
9000 FRANKLIN SQUARE DR
BALTIMORE, MD 21237
Medicare Provider Number: 210015

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%) 30 DAYS OBS	30 DAYS PRED	30 DAYS SD*	90 DAYS OBS	90 DAYS PRED	90 DAYS SD*	180 DAYS OBS	180 DAYS PRED	180 DAYS SD*
ALL CAUSES	4121	10.0	9.4	0.5	15.6	14.3	0.7	19.6	17.9	0.8
CONDITIONS:										
Acute Myocardial Infarction	165	24.2	25.5	3.6	30.9	28.5	3.9	35.8	31.1	4.5
Congestive Heart Failure	222	17.6	15.0	2.7	26.6	24.0	3.3	35.6	30.2	4.0
Pneumonia/Influenza	179	19.6	15.2	4.1	25.7	21.0	4.8	27.9	25.0	4.4
Chronic Obstructive Pulmonary Disease	86	14.0	9.9	5.6	24.4	17.0	8.5	29.1	22.1	9.0
Transient Cerebral Ischemia	89	2.2	1.3	1.3	2.2	3.0	3.0	7.9	4.8	2.8
Stroke	165	18.8	18.2	3.0	21.8	24.4	3.6	25.5	27.9	3.9
Hip Fracture	92	5.4	6.9	3.3	14.1	12.2	4.3	16.3	15.8	3.8
Sepsis	49	38.8	27.6	-----	53.1	34.7	-----	55.1	39.0	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	15	6.7	3.7	-----	6.7	6.8	-----	6.7	9.1	-----
Carotid Endarterectomy	24	0.0	1.1	-----	0.0	2.2	-----	0.0	3.4	-----
Hip Replacement/Reconstruction	45	6.7	4.8	-----	11.1	8.8	-----	13.3	11.6	-----
Open Reduction of Hip Fracture	45	6.7	6.4	-----	11.1	11.9	-----	11.1	15.9	-----
Prostatectomy	137	0.0	0.9	1.1	0.0	2.2	2.1	0.0	3.7	3.2
Cholecystectomy	71	4.2	2.1	2.6	7.0	3.9	3.3	8.5	5.3	3.7
Hysterectomy	20	5.0	0.2	-----	5.0	0.4	-----	5.0	0.7	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



FRANKLIN SQUARE HOSPITAL
Medicare Provider Number: 210015

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	73.8 years
Proportion female	56.4 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	36.6 %
Transferred from skilled nursing facility	0.5 %
Admitted for elective procedure	21.2 %
Admitted for emergency	74.6 %

COMORBIDITIES:

Cancer	7.2 %
Chronic cardiovascular disease	34.1 %
Chronic liver disease	1.0 %
Chronic renal disease	4.2 %
Chronic pulmonary disease	17.2 %
Cerebrovascular degeneration	5.3 %
Diabetes mellitus	10.5 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	73.7%
State	24.5%
Outside State	1.8%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	8.4 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	427
Occupancy Rate	76.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	32.8 %
Case Mix Index (CMI)	1.2217

STAFFING:

Total Number of Physicians	401
Percent of Physicians Board Certified Specialists	78.8 %
Medical Residents/Interns	84
Registered Nurses	349
Licensed Practical Nurses	45

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	Yes
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

* Not used in calculating mortality rates

FREDERICK MEMORIAL HOSPITAL

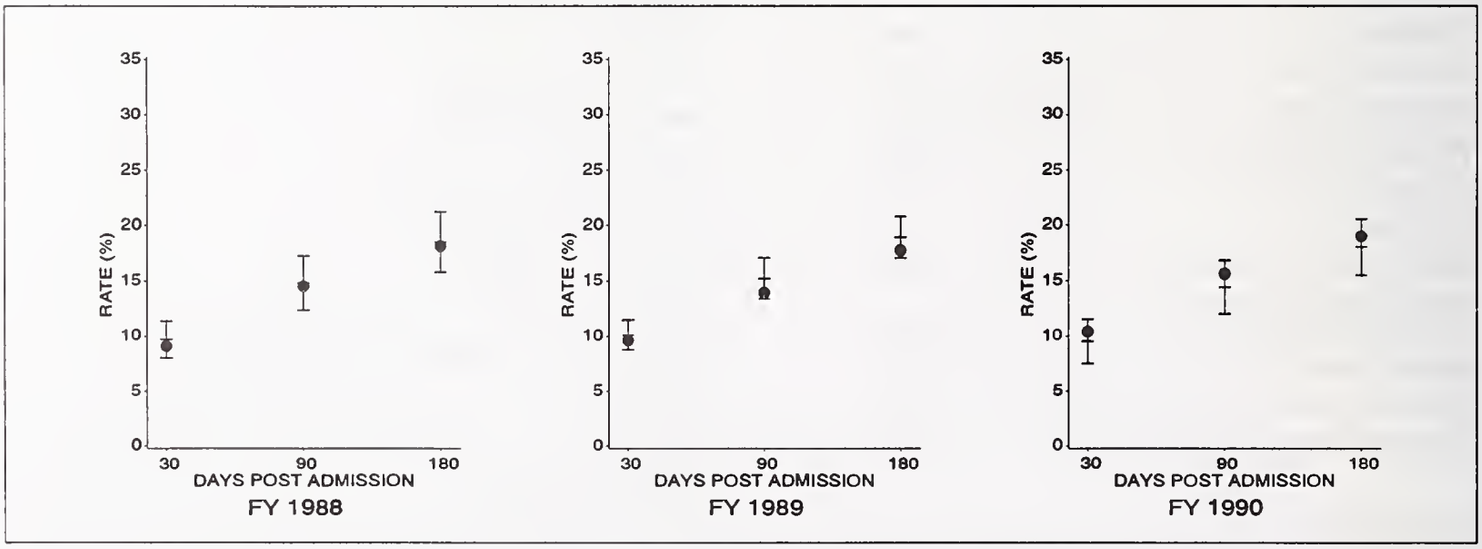
WEST SEVENTH ST
FREDERICK, MD 21701
Medicare Provider Number: 210005

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	2712	10.4	9.5	1.0	15.6	14.4	1.2	19.0	18.0	1.3
CONDITIONS:										
Acute Myocardial Infarction	86	20.9	26.6	7.4	27.9	29.7	7.4	30.2	32.3	6.7
Congestive Heart Failure	145	20.0	14.5	5.1	26.2	22.6	4.6	31.0	28.8	4.2
Pneumonia/Influenza	125	16.0	16.5	3.5	22.4	22.4	3.8	22.4	26.2	4.3
Chronic Obstructive Pulmonary Disease	68	10.3	9.7	4.5	16.2	16.6	4.5	20.6	22.0	6.0
Transient Cerebral Ischemia	25	8.0	2.0	-----	8.0	4.4	-----	8.0	7.0	-----
Stroke	109	25.7	17.4	6.8	28.4	23.8	6.0	32.1	27.4	6.2
Hip Fracture	67	9.0	6.8	4.1	13.4	11.9	4.8	17.9	15.3	5.8
Sepsis	28	10.7	26.4	-----	14.3	35.2	-----	25.0	39.9	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	16	0.0	2.2	-----	0.0	4.5	-----	0.0	6.5	-----
Carotid Endarterectomy	5	0.0	1.2	-----	0.0	2.1	-----	0.0	3.2	-----
Hip Replacement/Reconstruction	53	1.9	4.5	3.9	5.7	8.3	5.1	9.4	10.8	4.7
Open Reduction of Hip Fracture	35	2.9	5.4	-----	8.6	10.0	-----	11.4	13.2	-----
Prostatectomy	140	4.3	1.7	1.9	8.6	4.0	3.4	10.7	6.5	3.3
Cholecystectomy	66	1.5	3.4	3.9	6.1	6.2	3.1	9.1	8.2	3.6
Hysterectomy	22	0.0	0.7	-----	0.0	1.4	-----	0.0	2.2	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



FREDERICK MEMORIAL HOSPITAL
Medicare Provider Number: 210005

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.5 years
Proportion female	55.4 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	39.0 %
Transferred from skilled nursing facility	0.3 %
Admitted for elective procedure	15.8 %
Admitted for emergency	58.4 %

COMORBIDITIES:

Cancer	8.7 %
Chronic cardiovascular disease	40.0 %
Chronic liver disease	1.1 %
Chronic renal disease	2.9 %
Chronic pulmonary disease	15.6 %
Cerebrovascular degeneration	3.5 %
Diabetes mellitus	8.8 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	79.9%
State	14.5%
Outside State	5.6%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	7.6 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	235
Occupancy Rate	77.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	32.3 %
Case Mix Index (CMI)	1.2280

STAFFING:

Total Number of Physicians	161
Percent of Physicians Board Certified Specialists	76.4 %
Medical Residents/Interns	0
Registered Nurses	302
Licensed Practical Nurses	12

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	Yes
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	Yes
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

FROSTBURG COMMUNITY HOSPITAL

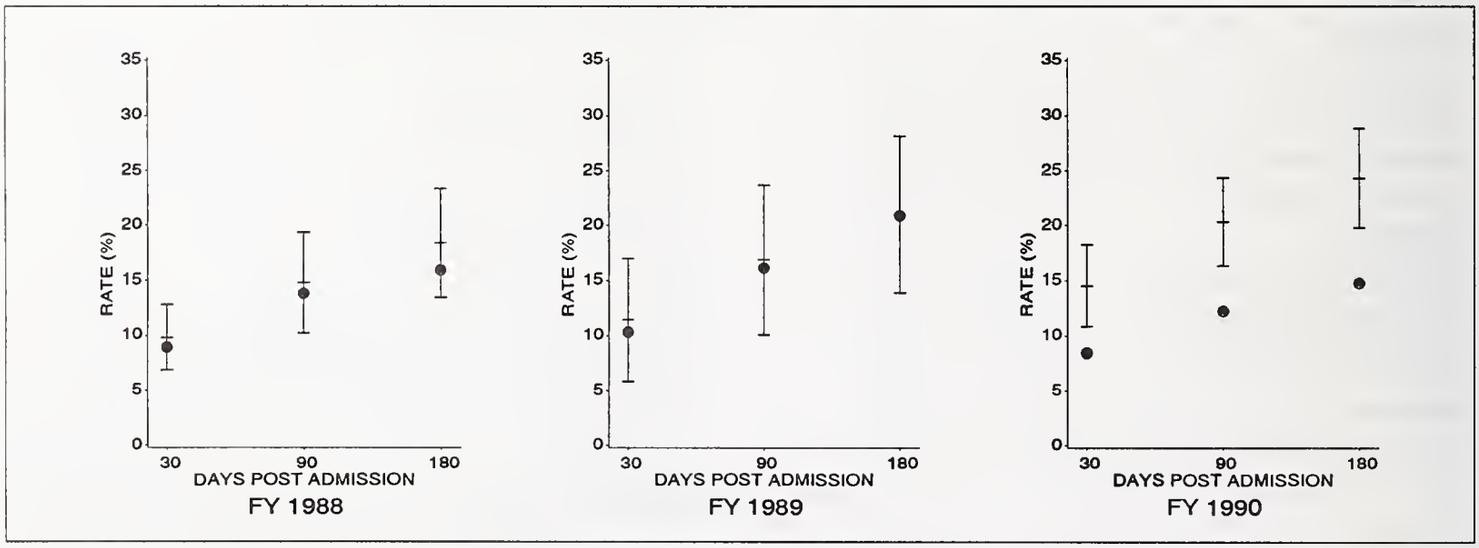
48 TARN TERR
FROSTBURG, MD 21532
Medicare Provider Number: 210046

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	441	8.4	14.5	1.9	12.2	20.3	2.0	14.7	24.3	2.3
CONDITIONS:										
Acute Myocardial Infarction	23	17.4	32.2	-----	21.7	35.4	-----	26.1	38.2	-----
Congestive Heart Failure	35	2.9	14.3	-----	11.4	22.3	-----	11.4	28.4	-----
Pneumonia/Influenza	31	3.2	15.9	-----	3.2	22.2	-----	9.7	26.0	-----
Chronic Obstructive Pulmonary Disease	20	5.0	13.6	-----	10.0	22.3	-----	10.0	28.0	-----
Transient Cerebral Ischemia	3	0.0	1.7	-----	0.0	3.5	-----	0.0	5.4	-----
Stroke	20	20.0	24.9	-----	25.0	33.2	-----	30.0	37.7	-----
Hip Fracture	11	9.1	5.8	-----	9.1	9.8	-----	9.1	12.7	-----
Sepsis	8	37.5	43.5	-----	50.0	54.0	-----	62.5	59.3	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	1	0.0	2.0	-----	0.0	4.5	-----	0.0	7.3	-----
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	4	0.0	3.2	-----	0.0	6.2	-----	0.0	8.9	-----
Open Reduction of Hip Fracture	2	50.0	6.8	-----	50.0	10.0	-----	50.0	13.2	-----
Prostatectomy	0									
Cholecystectomy	3	0.0	1.0	-----	0.0	1.8	-----	0.0	2.6	-----
Hysterectomy	0									

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



FROSTBURG COMMUNITY HOSPITAL
Medicare Provider Number: 210046

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	76.4 years
Proportion female	59.9 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	23.1 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	20.6 %
Admitted for emergency	73.2 %

COMORBIDITIES:

Cancer	4.5 %
Chronic cardiovascular disease	46.7 %
Chronic liver disease	1.1 %
Chronic renal disease	2.9 %
Chronic pulmonary disease	25.2 %
Cerebrovascular degeneration	6.3 %
Diabetes mellitus	15.9 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	93.5%
State	3.3%
Outside State	3.2%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	9.5 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	47
Occupancy Rate	78.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	45.5 %
Case Mix Index (CMI)	1.1099

STAFFING:

Total Number of Physicians	16
Percent of Physicians Board Certified Specialists	62.5 %
Medical Residents/Interns	0
Registered Nurses	31
Licensed Practical Nurses	3

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

** Except for CMI

* Not used in calculating mortality rates

GARRETT COUNTY MEMORIAL HOSPITAL

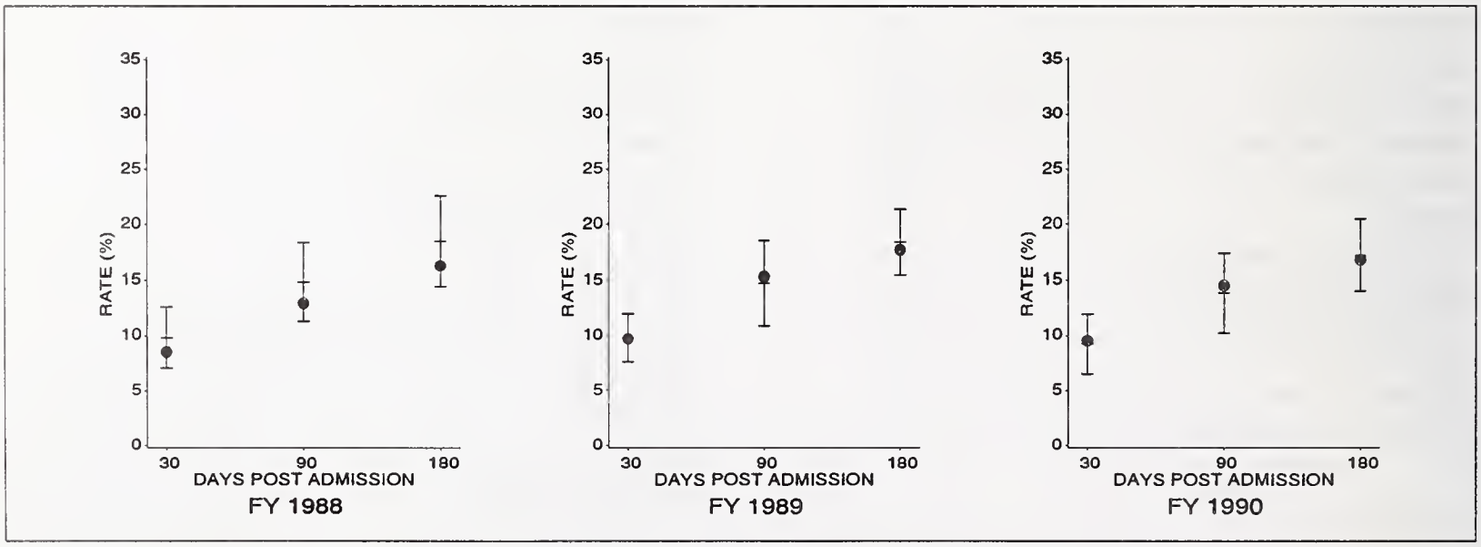
251 N FOURTH ST
OAKLAND, MD 21550
Medicare Provider Number: 210017

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	819	9.5	9.2	1.4	14.5	13.8	1.8	16.8	17.2	1.6
CONDITIONS:										
Acute Myocardial Infarction	21	33.3	27.7	-----	38.1	30.4	-----	38.1	32.8	-----
Congestive Heart Failure	44	22.7	17.6	-----	38.6	27.3	-----	45.5	34.1	-----
Pneumonia/Influenza	48	14.6	18.1	-----	18.7	24.8	-----	18.7	28.7	-----
Chronic Obstructive Pulmonary Disease	15	6.7	6.4	-----	6.7	11.4	-----	13.3	15.3	-----
Transient Cerebral Ischemia	4	25.0	2.0	-----	25.0	4.2	-----	25.0	6.5	-----
Stroke	27	18.5	19.7	-----	25.9	27.2	-----	25.9	31.2	-----
Hip Fracture	26	3.8	7.6	-----	7.7	12.5	-----	11.5	15.8	-----
Sepsis	11	9.1	31.7	-----	27.3	39.9	-----	27.3	45.1	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	13	15.4	4.4	-----	15.4	8.0	-----	15.4	10.9	-----
Carotid Endarterectomy	6	0.0	1.5	-----	0.0	2.7	-----	16.7	3.9	-----
Hip Replacement/Reconstruction	16	0.0	3.4	-----	0.0	6.0	-----	0.0	8.1	-----
Open Reduction of Hip Fracture	16	6.3	7.8	-----	12.5	13.2	-----	18.8	16.9	-----
Prostatectomy	15	0.0	3.0	-----	6.7	6.2	-----	13.3	9.5	-----
Cholecystectomy	25	0.0	2.2	-----	0.0	4.0	-----	0.0	5.2	-----
Hysterectomy	7	0.0	0.7	-----	14.3	1.7	-----	14.3	3.0	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



GARRETT COUNTY MEMORIAL HOSPITAL

Medicare Provider Number: 210017

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	75.5 years
Proportion female	59.8 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	21.1 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	20.8 %
Admitted for emergency	75.6 %

COMORBIDITIES:

Cancer	5.3 %
Chronic cardiovascular disease	36.0 %
Chronic liver disease	0.9 %
Chronic renal disease	2.3 %
Chronic pulmonary disease	14.7 %
Cerebrovascular degeneration	6.8 %
Diabetes mellitus	11.2 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	63.3%
State	4.3%
Outside State	32.4%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	7.2 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	76
Occupancy Rate	59.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	44.3 %
Case Mix Index (CMI)	1.1277

STAFFING:

Total Number of Physicians	22
Percent of Physicians Board Certified Specialists	95.5 %
Medical Residents/Interns	0
Registered Nurses	60
Licensed Practical Nurses	10

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

* Not used in calculating mortality rates

GOOD SAMARITAN HOSPITAL

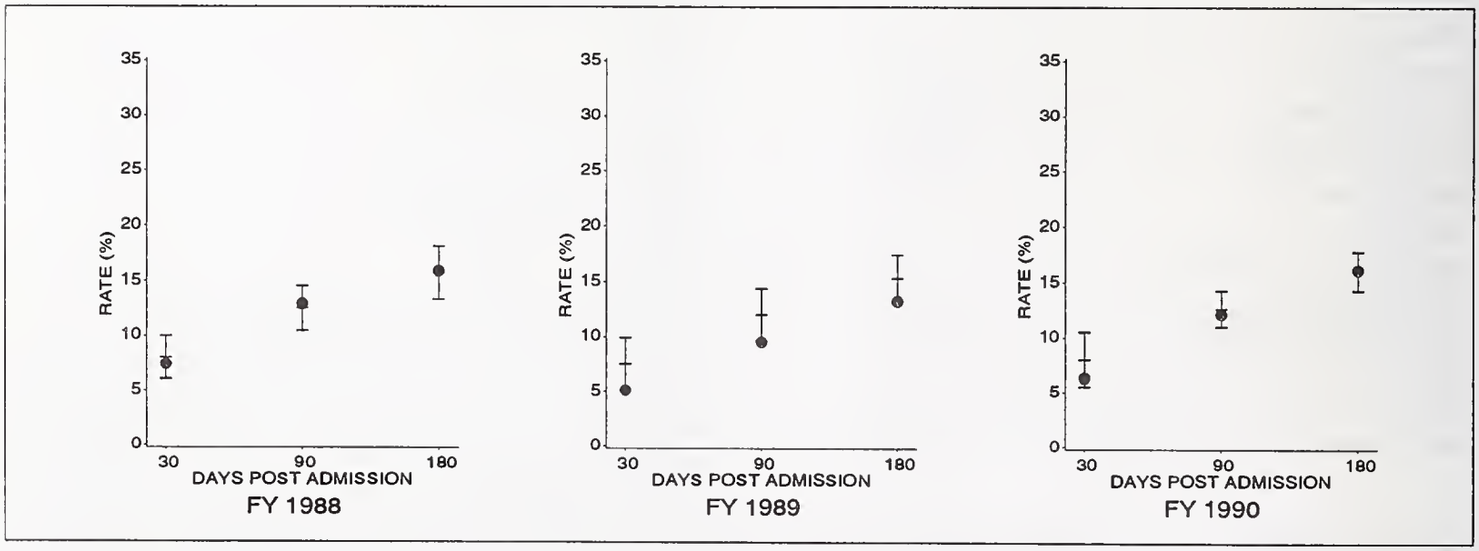
5601 LOCH RAVEN BLVD
BALTIMORE, MD 21239
Medicare Provider Number: 210056

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	2161	6.3	8.0	1.2	12.1	12.6	0.8	16.1	16.0	0.9
CONDITIONS:										
Acute Myocardial Infarction	50	20.0	29.8	-----	28.0	32.6	-----	36.0	35.2	-----
Congestive Heart Failure	108	7.4	14.1	5.0	14.8	22.6	5.8	23.1	28.6	5.2
Pneumonia/Influenza	61	6.6	16.9	7.0	13.1	23.3	9.1	14.8	27.1	8.6
Chronic Obstructive Pulmonary Disease	25	8.0	9.1	-----	20.0	15.5	-----	24.0	19.9	-----
Transient Cerebral Ischemia	16	0.0	2.1	-----	6.3	4.6	-----	6.3	7.2	-----
Stroke	49	14.3	16.4	-----	20.4	23.3	-----	30.6	27.4	-----
Hip Fracture	20	10.0	8.4	-----	15.0	14.9	-----	20.0	19.0	-----
Sepsis	13	30.8	19.2	-----	38.5	27.4	-----	46.2	32.2	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	20	0.0	3.9	-----	5.0	7.9	-----	10.0	11.2	-----
Carotid Endarterectomy	6	0.0	1.0	-----	0.0	1.9	-----	0.0	2.8	-----
Hip Replacement/Reconstruction	114	2.6	1.2	2.3	3.5	2.1	3.1	4.4	2.9	3.2
Open Reduction of Hip Fracture	6	0.0	9.1	-----	0.0	15.5	-----	0.0	19.5	-----
Prostatectomy	79	1.3	1.3	1.5	2.5	3.0	2.2	3.8	5.0	2.9
Cholecystectomy	25	4.0	2.8	-----	8.0	5.5	-----	8.0	7.7	-----
Hysterectomy	1	0.0	0.0	-----	0.0	0.1	-----	0.0	0.2	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



GOOD SAMARITAN HOSPITAL
Medicare Provider Number: 210056

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	72.5 years
Proportion female	58.2 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	46.6 %
Transferred from skilled nursing facility	0.6 %
Admitted for elective procedure	29.3 %
Admitted for emergency	47.0 %

COMORBIDITIES:

Cancer	8.0 %
Chronic cardiovascular disease	34.6 %
Chronic liver disease	0.8 %
Chronic renal disease	6.2 %
Chronic pulmonary disease	11.9 %
Cerebrovascular degeneration	3.0 %
Diabetes mellitus	8.6 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	47.2%
State	49.2%
Outside State	3.6%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	11.2 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	252
Occupancy Rate	86.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	56.7 %
Case Mix Index (CMI)	1.3572

STAFFING:

Total Number of Physicians	298
Percent of Physicians Board Certified Specialists	72.5 %
Medical Residents/Interns	34
Registered Nurses	206
Licensed Practical Nurses	56

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	Yes
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	Yes
Psychiatric	No
Medicare Swing Beds	No

*** Not used in calculating mortality rates**

GREATER BALTIMORE MEDICAL CENTER

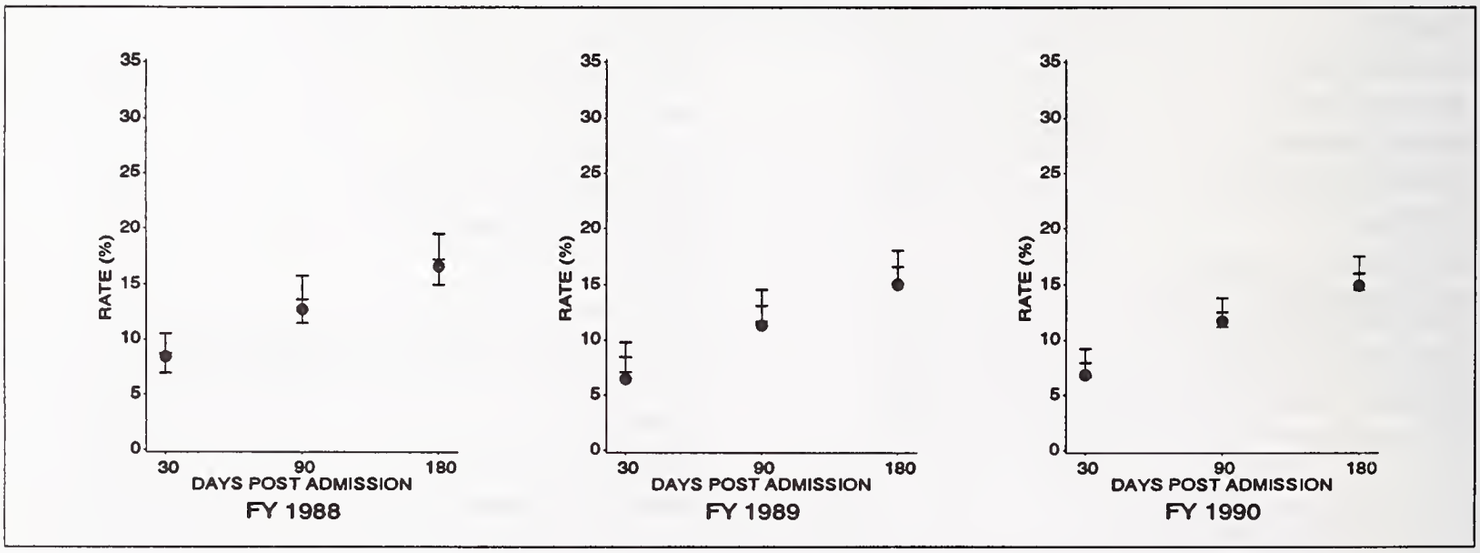
6701 N CHARLES ST
BALTIMORE, MD 21204
Medicare Provider Number: 210044

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%) 30 DAYS OBS	30 DAYS PRED	30 DAYS SD*	90 DAYS OBS	90 DAYS PRED	90 DAYS SD*	180 DAYS OBS	180 DAYS PRED	180 DAYS SD*
ALL CAUSES	3663	6.8	7.9	0.7	11.7	12.5	0.7	14.9	16.0	0.8
CONDITIONS:										
Acute Myocardial Infarction	95	28.4	26.6	7.1	33.7	30.2	7.4	36.8	33.4	6.8
Congestive Heart Failure	143	8.4	14.3	4.7	18.9	23.1	5.8	24.5	29.4	5.8
Pneumonia/Influenza	133	9.8	14.7	3.9	16.5	20.6	4.0	21.1	24.5	4.2
Chronic Obstructive Pulmonary Disease	45	2.2	8.6	-----	11.1	14.5	-----	15.6	19.1	-----
Transient Cerebral Ischemia	44	0.0	1.5	-----	0.0	3.1	-----	0.0	4.9	-----
Stroke	98	24.5	21.9	4.7	29.6	28.4	4.9	31.6	32.4	5.6
Hip Fracture	75	8.0	7.6	4.6	9.3	13.5	6.8	14.7	17.5	7.4
Sepsis	21	33.3	20.9	-----	42.9	28.3	-----	42.9	33.2	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	14	0.0	3.3	-----	0.0	7.3	-----	0.0	11.3	-----
Carotid Endarterectomy	28	0.0	1.7	-----	3.6	3.1	-----	7.1	4.4	-----
Hip Replacement/Reconstruction	36	0.0	6.0	-----	5.6	11.1	-----	11.1	14.7	-----
Open Reduction of Hip Fracture	36	8.3	7.0	-----	8.3	13.0	-----	13.9	17.1	-----
Prostatectomy	101	1.0	1.2	1.2	3.0	2.9	2.0	6.9	4.8	2.9
Cholecystectomy	67	3.0	3.1	2.8	4.5	5.5	3.0	7.5	7.2	3.2
Hysterectomy	59	0.0	0.7	1.3	1.7	1.7	1.8	3.4	2.8	2.6

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



GREATER BALTIMORE MEDICAL CENTER

Medicare Provider Number: 210044

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.4 years
Proportion female	58.8 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	92.2 %
Transferred from skilled nursing facility	0.4 %
Admitted for elective procedure	34.3 %
Admitted for emergency	62.5 %

COMORBIDITIES:

Cancer	10.3 %
Chronic cardiovascular disease	47.5 %
Chronic liver disease	0.5 %
Chronic renal disease	3.5 %
Chronic pulmonary disease	15.3 %
Cerebrovascular degeneration	3.2 %
Diabetes mellitus	5.8 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	61.7%
State	33.9%
Outside State	4.4%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	8.3 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	382
Occupancy Rate	79.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	23.8 %
Case Mix Index (CMI)	1.2030

STAFFING:

Total Number of Physicians	1010
Percent of Physicians Board Certified Specialists	82.0 %
Medical Residents/Interns	53
Registered Nurses	501
Licensed Practical Nurses	8

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	Yes
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	Yes
Other Intensive Care	No
Trauma Center	Yes

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

*** Not used in calculating mortality rates**

GREATER LAUREL BELTSVILLE HOSPITAL

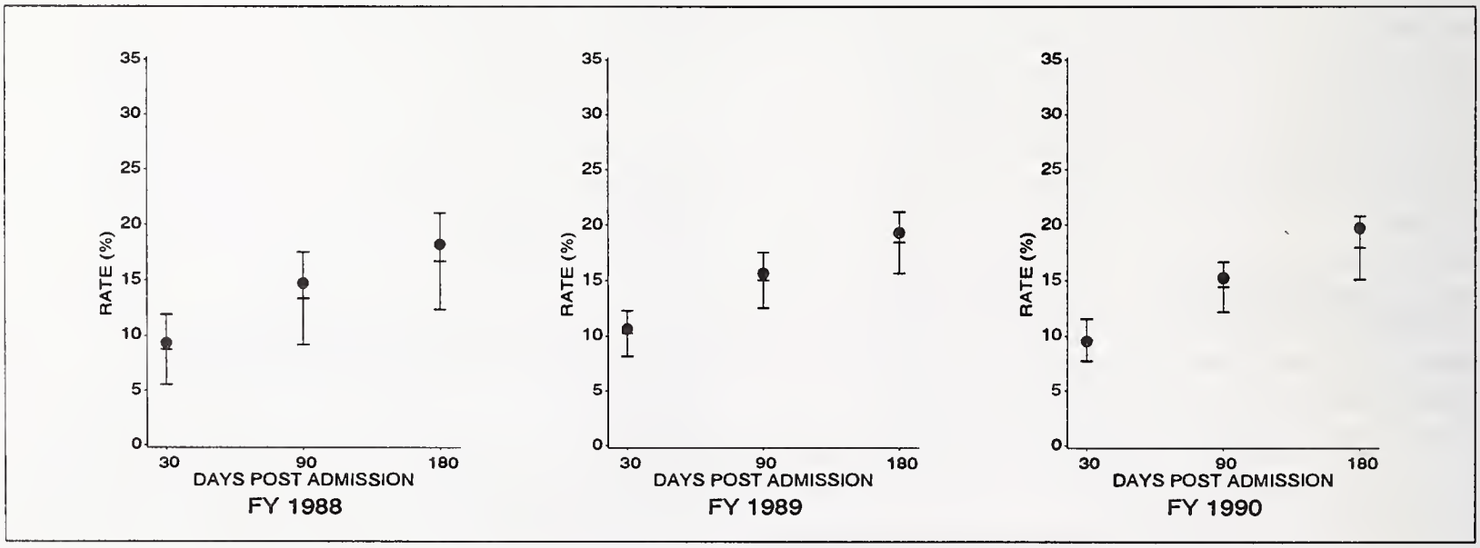
7100 CONTEE RD
LAUREL, MD 20810
Medicare Provider Number: 210055

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1066	9.5	9.6	0.9	15.2	14.4	1.1	19.7	17.9	1.4
CONDITIONS:										
Acute Myocardial Infarction	29	27.6	20.5	-----	31.0	23.4	-----	34.5	26.1	-----
Congestive Heart Failure	56	10.7	15.3	8.1	17.9	23.9	7.8	28.6	29.9	7.6
Pneumonia/Influenza	49	16.3	16.7	-----	26.5	22.9	-----	34.7	27.1	-----
Chronic Obstructive Pulmonary Disease	21	4.8	6.9	-----	9.5	12.5	-----	9.5	16.6	-----
Transient Cerebral Ischemia	15	0.0	1.5	-----	0.0	3.3	-----	0.0	5.4	-----
Stroke	50	14.0	20.4	-----	24.0	27.2	-----	26.0	30.9	-----
Hip Fracture	17	5.9	5.0	-----	5.9	9.3	-----	11.8	12.5	-----
Sepsis	23	34.8	26.2	-----	43.5	35.7	-----	47.8	41.4	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	5	0.0	2.0	-----	20.0	4.2	-----	20.0	6.2	-----
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	9	0.0	3.0	-----	0.0	5.4	-----	0.0	7.7	-----
Open Reduction of Hip Fracture	4	0.0	4.5	-----	0.0	8.7	-----	0.0	11.8	-----
Prostatectomy	27	0.0	0.5	-----	0.0	1.1	-----	0.0	1.9	-----
Cholecystectomy	13	0.0	2.3	-----	0.0	4.3	-----	0.0	6.0	-----
Hysterectomy	6	0.0	0.5	-----	0.0	1.2	-----	0.0	2.0	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



GREATER LAUREL BELTSVILLE HOSPITAL
Medicare Provider Number: 210055

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.2 years
Proportion female	61.0 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	13.9 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	16.7 %
Admitted for emergency	56.0 %

COMORBIDITIES:

Cancer	5.8 %
Chronic cardiovascular disease	34.2 %
Chronic liver disease	1.2 %
Chronic renal disease	2.7 %
Chronic pulmonary disease	14.4 %
Cerebrovascular degeneration	5.4 %
Diabetes mellitus	10.0 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	64.5%
State	27.0%
Outside State	8.5%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	12.2 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	200
Occupancy Rate	75.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	24.3 %
Case Mix Index (CMI)	1.1849

STAFFING:

Total Number of Physicians	187
Percent of Physicians Board Certified Specialists	73.8 %
Medical Residents/Interns	0
Registered Nurses	149
Licensed Practical Nurses	11

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	Yes
Rehabilitation	Yes
Psychiatric	Yes
Medicare Swing Beds	No

** Except for CMI

* Not used in calculating mortality rates

HARBOR HOSPITAL CENTER

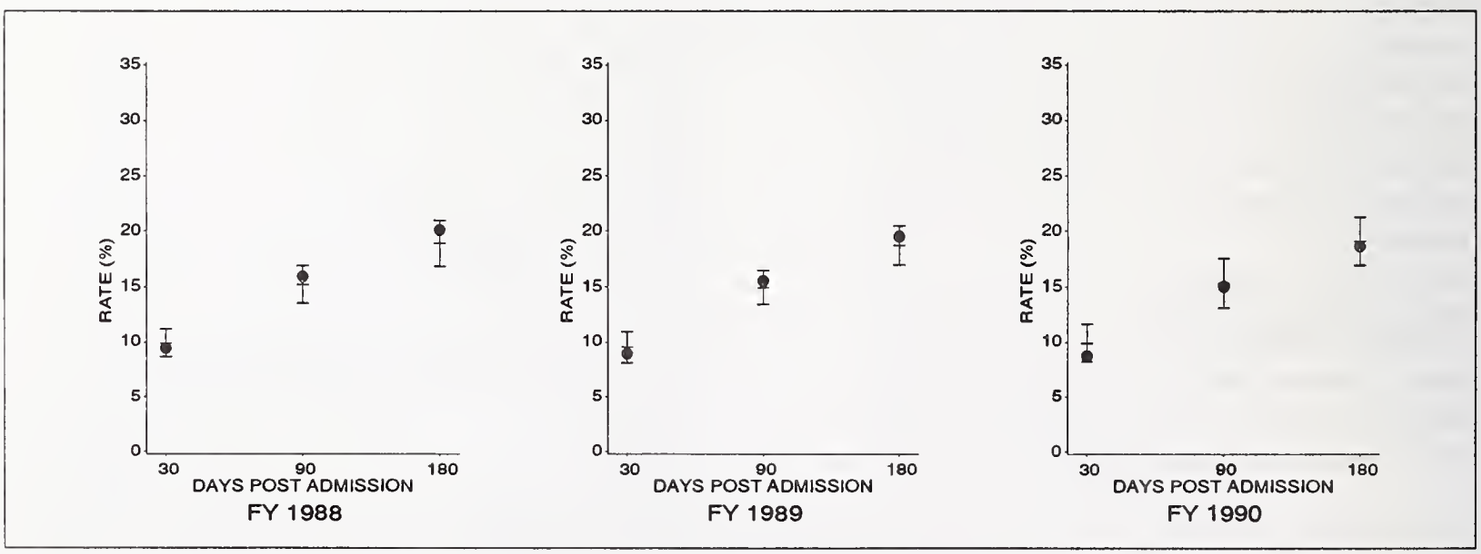
3001 S HANOVER ST
BALTIMORE, MD 21230
Medicare Provider Number: 210034

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	2462	8.7	9.9	0.9	15.0	15.3	1.1	18.6	19.1	1.1
CONDITIONS:										
Acute Myocardial Infarction	83	18.1	21.4	5.3	26.5	24.6	6.3	31.3	27.3	6.3
Congestive Heart Failure	107	8.4	12.0	3.9	15.9	19.7	4.7	20.6	25.5	6.1
Pneumonia/Influenza	103	8.7	16.2	4.7	15.5	22.3	4.9	20.4	26.5	5.3
Chronic Obstructive Pulmonary Disease	45	4.4	8.2	-----	11.1	14.3	-----	11.1	18.9	-----
Transient Cerebral Ischemia	40	2.5	1.7	-----	5.0	3.7	-----	7.5	6.0	-----
Stroke	90	20.0	17.4	5.1	28.9	24.2	6.0	35.6	28.2	7.8
Hip Fracture	51	5.9	8.0	4.2	15.7	14.4	6.3	19.6	18.7	7.1
Sepsis	45	28.9	32.6	-----	46.7	42.8	-----	53.3	48.2	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	16	6.3	6.8	-----	6.3	12.1	-----	6.3	16.1	-----
Carotid Endarterectomy	14	7.1	2.2	-----	7.1	4.1	-----	14.3	5.8	-----
Hip Replacement/Reconstruction	25	0.0	4.2	-----	8.0	7.6	-----	8.0	10.3	-----
Open Reduction of Hip Fracture	22	4.5	6.9	-----	13.6	12.9	-----	18.2	17.2	-----
Prostatectomy	95	4.2	1.2	1.8	6.3	2.6	2.6	8.4	4.3	3.0
Cholecystectomy	43	2.3	2.4	-----	4.7	4.7	-----	7.0	6.3	-----
Hysterectomy	13	0.0	0.3	-----	0.0	0.8	-----	0.0	1.3	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



HARBOR HOSPITAL CENTER
Medicare Provider Number: 210034

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	73.5 years
Proportion female	53.8 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	34.3 %
Transferred from skilled nursing facility	0.2 %
Admitted for elective procedure	14.7 %
Admitted for emergency	79.9 %

COMORBIDITIES:

Cancer	9.3 %
Chronic cardiovascular disease	36.2 %
Chronic liver disease	1.2 %
Chronic renal disease	3.9 %
Chronic pulmonary disease	30.2 %
Cerebrovascular degeneration	4.4 %
Diabetes mellitus	9.4 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	37.1%
State	61.0%
Outside State	1.9%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	10.7 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	280
Occupancy Rate	90.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	38.0 %
Case Mix Index (CMI)	1.1716

STAFFING:

Total Number of Physicians	308
Percent of Physicians Board Certified Specialists	60.1 %
Medical Residents/Interns	49
Registered Nurses	244
Licensed Practical Nurses	65

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

* Not used in calculating mortality rates

HARFORD MEMORIAL HOSPITAL

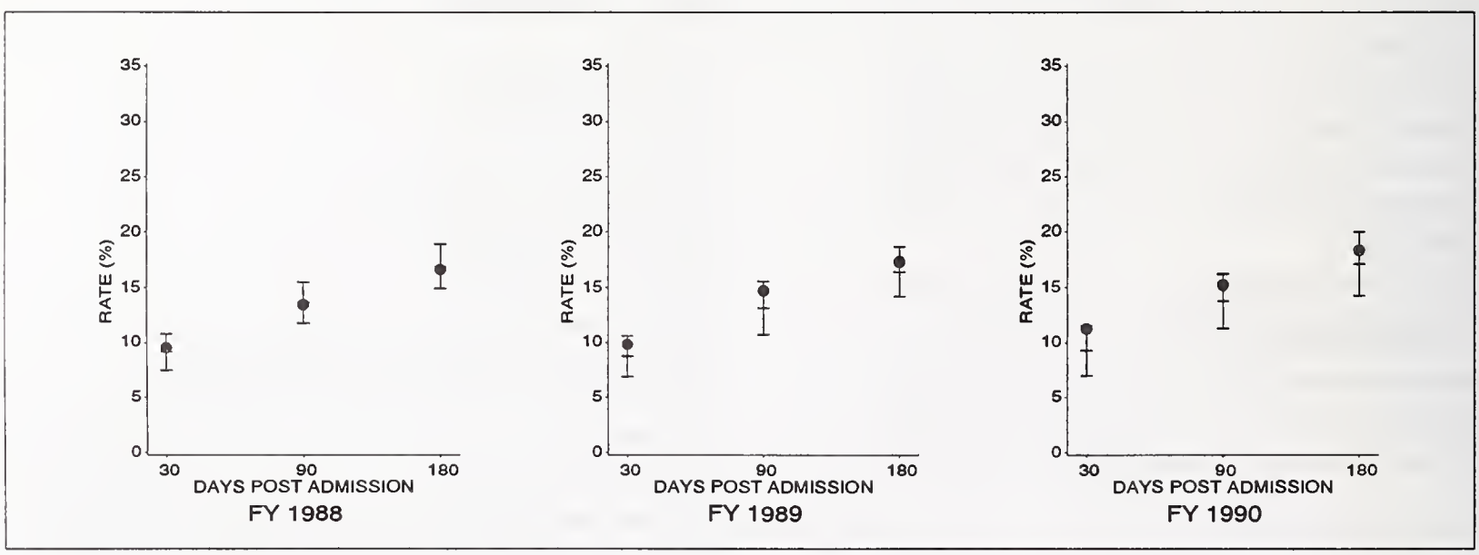
501 S UNION AVENUE
HAVRE DE GRACE, MD 21078
Medicare Provider Number: 210006

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1441	11.2	9.2	1.1	15.2	13.7	1.2	18.3	17.1	1.4
CONDITIONS:										
Acute Myocardial Infarction	54	22.2	28.9	6.6	27.8	31.8	6.5	31.5	34.4	6.7
Congestive Heart Failure	91	19.8	15.7	5.5	26.4	24.3	4.6	27.5	30.6	5.2
Pneumonia/Influenza	52	15.4	13.6	5.1	19.2	18.5	5.4	23.1	21.9	5.8
Chronic Obstructive Pulmonary Disease	42	21.4	12.6	-----	26.2	21.4	-----	28.6	27.0	-----
Transient Cerebral Ischemia	46	2.2	1.8	-----	6.5	4.0	-----	6.5	6.4	-----
Stroke	71	25.4	23.2	5.5	31.0	29.5	6.9	36.6	33.3	6.4
Hip Fracture	32	9.4	7.5	-----	12.5	13.1	-----	15.6	17.0	-----
Sepsis	16	12.5	27.4	-----	18.8	35.2	-----	18.8	39.7	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	10	0.0	2.8	-----	0.0	5.4	-----	0.0	7.8	-----
Carotid Endarterectomy	7	0.0	0.6	-----	0.0	1.2	-----	0.0	1.9	-----
Hip Replacement/Reconstruction	11	0.0	3.2	-----	0.0	5.8	-----	0.0	7.9	-----
Open Reduction of Hip Fracture	16	12.5	6.4	-----	18.8	11.4	-----	25.0	15.2	-----
Prostatectomy	52	0.0	1.2	1.8	0.0	2.7	3.2	0.0	4.4	4.7
Cholecystectomy	19	0.0	2.3	-----	0.0	4.0	-----	0.0	5.1	-----
Hysterectomy	6	16.7	0.1	-----	16.7	0.3	-----	16.7	0.5	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



HARFORD MEMORIAL HOSPITAL
Medicare Provider Number: 210006

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.6 years
Proportion female	59.8 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	33.9 %
Transferred from skilled nursing facility	0.8 %
Admitted for elective procedure	11.5 %
Admitted for emergency	79.9 %

COMORBIDITIES:

Cancer	5.1 %
Chronic cardiovascular disease	31.4 %
Chronic liver disease	1.1 %
Chronic renal disease	3.9 %
Chronic pulmonary disease	11.0 %
Cerebrovascular degeneration	3.0 %
Diabetes mellitus	10.1 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	72.2%
State	24.6%
Outside State	3.2%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	7.4 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	205
Occupancy Rate	47.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	33.0 %
Case Mix Index (CMI)	1.0802

STAFFING:

Total Number of Physicians	80
Percent of Physicians Board Certified Specialists	67.5 %
Medical Residents/Interns	0
Registered Nurses	100
Licensed Practical Nurses	57

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

HOLY CROSS HOSPITAL

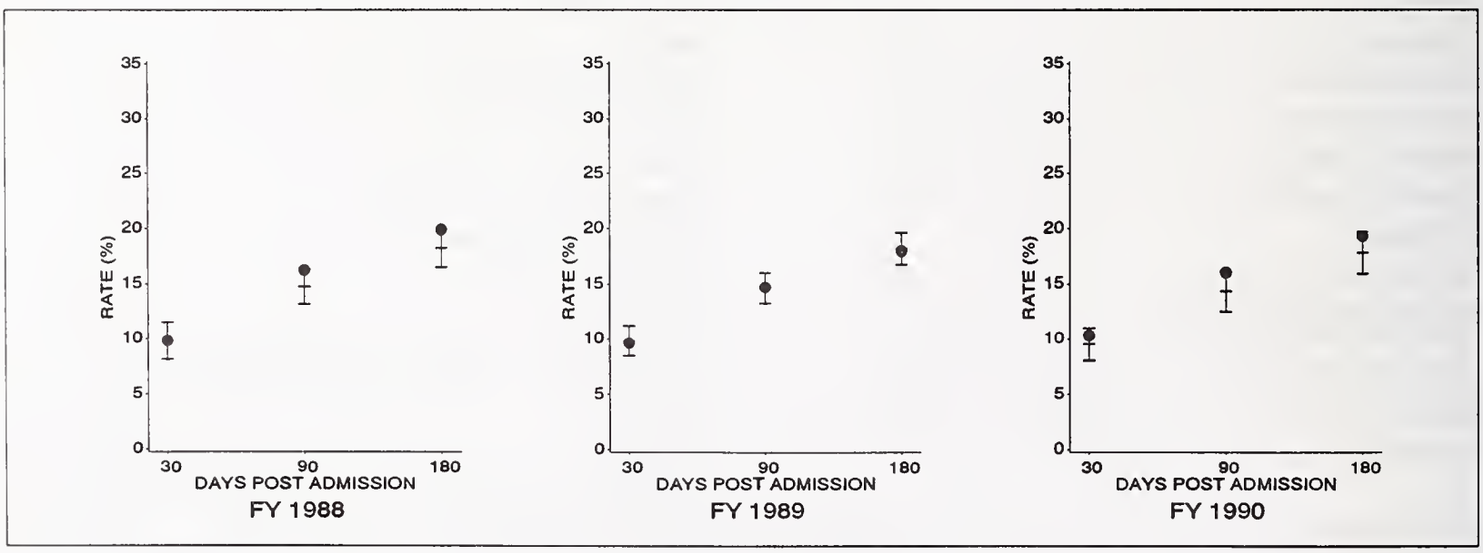
1500 FOREST GLEN ROAD
SILVER SPRING, MD 20910
Medicare Provider Number: 210004

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%) 30 DAYS OBS	30 DAYS PRED	30 DAYS SD*	90 DAYS OBS	90 DAYS PRED	90 DAYS SD*	180 DAYS OBS	180 DAYS PRED	180 DAYS SD*
ALL CAUSES	2998	10.3	9.5	0.7	16.0	14.3	0.9	19.3	17.8	1.0
CONDITIONS:										
Acute Myocardial Infarction	93	23.7	24.5	5.2	29.0	27.8	7.0	32.3	30.6	7.1
Congestive Heart Failure	145	13.1	13.5	2.9	21.4	21.3	3.4	27.6	27.3	3.8
Pneumonia/Influenza	157	19.7	16.6	3.7	30.6	22.8	5.5	35.7	26.8	5.7
Chronic Obstructive Pulmonary Disease	47	8.5	8.9	-----	14.9	15.7	-----	19.1	20.6	-----
Transient Cerebral Ischemia	33	6.1	2.6	-----	6.1	6.1	-----	12.1	9.6	-----
Stroke	114	22.8	21.6	4.2	29.8	27.3	4.8	34.2	30.8	5.2
Hip Fracture	98	7.1	5.4	3.6	10.2	9.8	3.9	14.3	13.0	3.9
Sepsis	26	42.3	30.1	-----	61.5	37.9	-----	61.5	42.8	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	13	0.0	2.0	-----	7.7	4.2	-----	7.7	6.6	-----
Carotid Endarterectomy	15	0.0	1.5	-----	0.0	2.6	-----	0.0	3.9	-----
Hip Replacement/Reconstruction	54	0.0	2.9	3.4	3.7	5.4	3.4	5.6	7.4	4.6
Open Reduction of Hip Fracture	60	10.0	4.9	5.6	13.3	9.3	6.4	18.3	12.7	6.6
Prostatectomy	136	0.0	0.6	0.9	0.7	1.3	1.2	2.2	2.3	1.3
Cholecystectomy	47	4.3	2.3	-----	6.4	4.1	-----	8.5	5.4	-----
Hysterectomy	37	2.7	0.2	-----	2.7	0.6	-----	2.7	1.0	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



HOLY CROSS HOSPITAL
Medicare Provider Number: 210004

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	75.8 years
Proportion female	60.3 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	57.9 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	19.9 %
Admitted for emergency	60.9 %

COMORBIDITIES:

Cancer	7.3 %
Chronic cardiovascular disease	26.9 %
Chronic liver disease	0.8 %
Chronic renal disease	2.7 %
Chronic pulmonary disease	9.1 %
Cerebrovascular degeneration	4.4 %
Diabetes mellitus	7.0 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	78.3%
State	11.0%
Outside State	10.7%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	9.0 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	452
Occupancy Rate	75.0 %
Ownership/Control	Church
Medicare Discharges	18.4 %
Case Mix Index (CMI)	1.2569

STAFFING:

Total Number of Physicians	484
Percent of Physicians Board Certified Specialists	90.9 %
Medical Residents/Interns	0
Registered Nurses	506
Licensed Practical Nurses	35

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	No
Hospice Care	Yes
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

** Except for CMI

* Not used in calculating mortality rates

HOMEWOOD HOSPITAL CENTER SOUTH

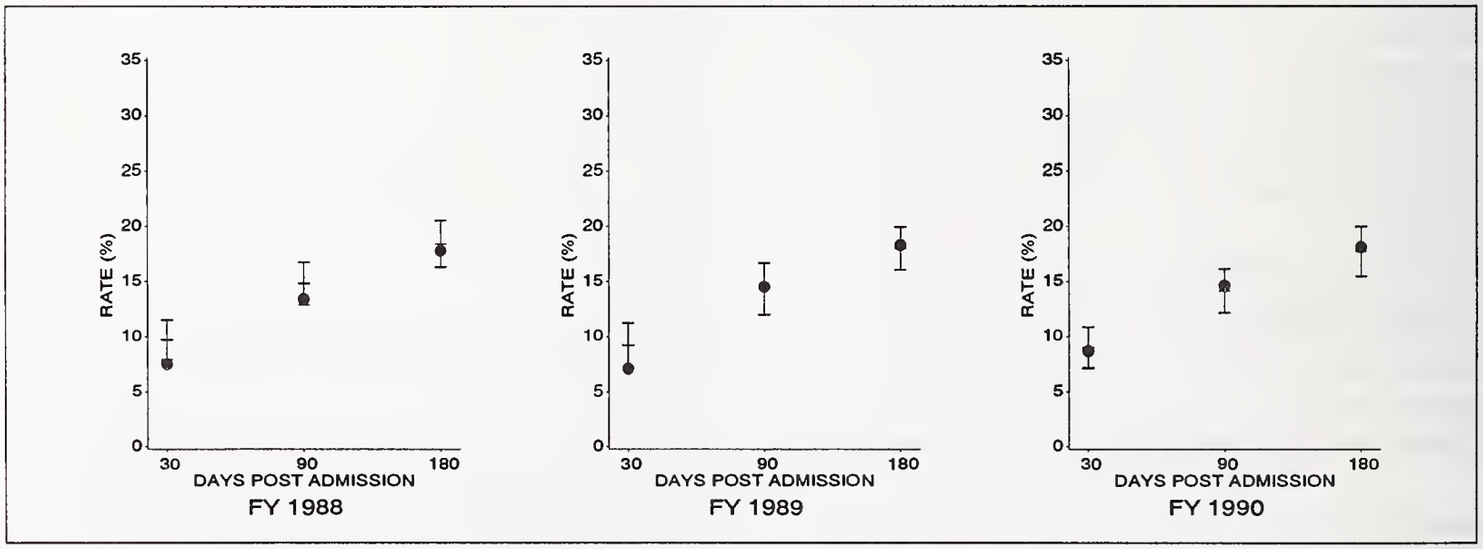
2724 CHARLES ST
BALTIMORE, MD 21218
Medicare Provider Number: 210021

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1271	8.7	9.0	0.9	14.6	14.1	1.0	18.1	17.7	1.1
CONDITIONS:										
Acute Myocardial Infarction	21	23.8	25.5	-----	28.6	28.7	-----	33.3	31.8	-----
Congestive Heart Failure	66	16.7	13.7	5.1	24.2	22.8	5.9	28.8	29.0	5.6
Pneumonia/Influenza	41	17.1	18.6	-----	26.8	25.5	-----	31.7	29.8	-----
Chronic Obstructive Pulmonary Disease	14	7.1	8.0	-----	7.1	13.7	-----	7.1	17.7	-----
Transient Cerebral Ischemia	9	0.0	1.9	-----	11.1	4.6	-----	11.1	8.0	-----
Stroke	57	15.8	18.7	8.3	19.3	25.6	9.1	22.8	29.6	9.0
Hip Fracture	16	6.3	7.1	-----	12.5	12.6	-----	12.5	16.3	-----
Sepsis	41	24.4	28.0	-----	39.0	38.5	-----	46.3	43.6	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	10	0.0	3.5	-----	10.0	7.4	-----	10.0	10.9	-----
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	4	0.0	3.1	-----	0.0	6.0	-----	0.0	8.2	-----
Open Reduction of Hip Fracture	9	0.0	6.0	-----	0.0	10.8	-----	0.0	14.2	-----
Prostatectomy	23	0.0	1.3	-----	0.0	2.9	-----	0.0	4.8	-----
Cholecystectomy	19	10.5	4.7	-----	15.8	9.2	-----	15.8	12.2	-----
Hysterectomy	6	0.0	0.8	-----	0.0	1.7	-----	0.0	2.8	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



HOMEWOOD HOSPITAL CENTER SOUTH

Medicare Provider Number: 210021

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	72.8 years
Proportion female	56.0 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	51.1 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	25.6 %
Admitted for emergency	68.3 %

COMORBIDITIES:

Cancer	6.0 %
Chronic cardiovascular disease	37.3 %
Chronic liver disease	1.7 %
Chronic renal disease	4.0 %
Chronic pulmonary disease	12.2 %
Cerebrovascular degeneration	9.4 %
Diabetes mellitus	10.6 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	71.6%
State	25.7%
Outside State	2.7%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	12.5 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	235
Occupancy Rate	81.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	(Not Available)
Case Mix Index (CMI)	1.1989

STAFFING:

Total Number of Physicians	251
Percent of Physicians Board Certified Specialists	72.1 %
Medical Residents/Interns	0
Registered Nurses	236
Licensed Practical Nurses	44

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	Yes
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	Yes
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	Yes
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

** Except for CMI

* Not used in calculating mortality rates

HOWARD COUNTY GENERAL HOSPITAL INC

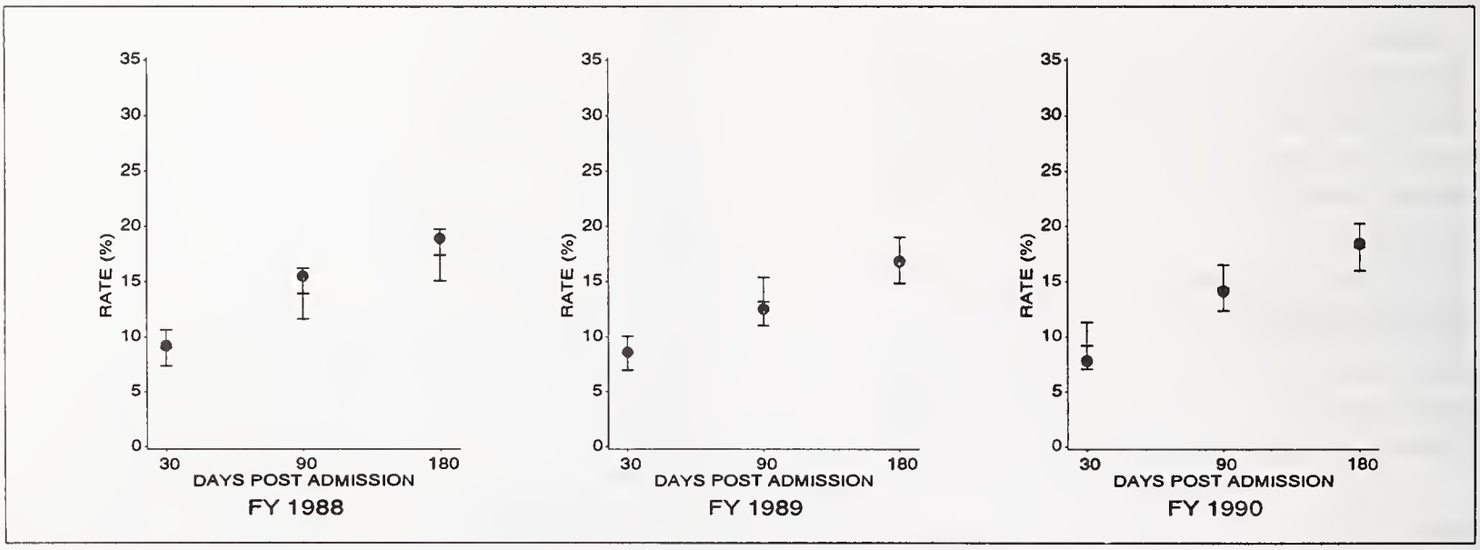
LITTLE PATUXENT PKWY & CEDAR LANE
COLUMBIA, MD 21044
Medicare Provider Number: 210048

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1506	7.8	9.2	1.1	14.1	14.4	1.0	18.4	18.1	1.1
CONDITIONS:										
Acute Myocardial Infarction	49	20.4	22.5	-----	26.5	25.7	-----	28.6	28.6	-----
Congestive Heart Failure	96	11.5	14.6	6.6	18.8	23.2	7.0	26.0	29.7	6.2
Pneumonia/Influenza	75	20.0	16.5	6.5	28.0	23.3	9.0	32.0	27.4	8.7
Chronic Obstructive Pulmonary Disease	37	8.1	10.1	-----	16.2	17.4	-----	21.6	22.3	-----
Transient Cerebral Ischemia	35	5.7	1.6	-----	8.6	3.4	-----	8.6	5.4	-----
Stroke	59	16.9	20.7	6.1	30.5	27.7	6.8	33.9	31.8	7.7
Hip Fracture	38	10.5	6.8	-----	15.8	11.8	-----	18.4	15.3	-----
Sepsis	17	5.9	27.1	-----	35.3	33.5	-----	35.3	38.1	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	3	0.0	3.7	-----	0.0	8.2	-----	0.0	13.0	-----
Carotid Endarterectomy	5	0.0	0.8	-----	20.0	1.6	-----	20.0	2.5	-----
Hip Replacement/Reconstruction	18	0.0	3.4	-----	0.0	6.1	-----	0.0	8.3	-----
Open Reduction of Hip Fracture	20	10.0	6.2	-----	15.0	11.1	-----	15.0	14.8	-----
Prostatectomy	41	0.0	0.7	-----	2.4	1.6	-----	4.9	2.9	-----
Cholecystectomy	16	0.0	2.8	-----	0.0	4.1	-----	6.3	4.8	-----
Hysterectomy	9	0.0	0.1	-----	0.0	0.3	-----	0.0	0.6	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



HOWARD COUNTY GENERAL HOSPITAL INC

Medicare Provider Number: 210048

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	75.3 years
Proportion female	62.9 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	35.7 %
Transferred from skilled nursing facility	2.1 %
Admitted for elective procedure	16.1 %
Admitted for emergency	59.6 %

COMORBIDITIES:

Cancer	7.1 %
Chronic cardiovascular disease	35.9 %
Chronic liver disease	0.9 %
Chronic renal disease	3.9 %
Chronic pulmonary disease	12.3 %
Cerebrovascular degeneration	6.9 %
Diabetes mellitus	7.4 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	63.9%
State	28.5%
Outside State	7.6%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	8.9 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	203
Occupancy Rate	81.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	22.8 %
Case Mix Index (CMI)	1.1103

STAFFING:

Total Number of Physicians	241
Percent of Physicians Board Certified Specialists	77.2 %
Medical Residents/Interns	0
Registered Nurses	238
Licensed Practical Nurses	14

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	Yes
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

JAMES LAWRENCE KERNAN HOSPITAL INC

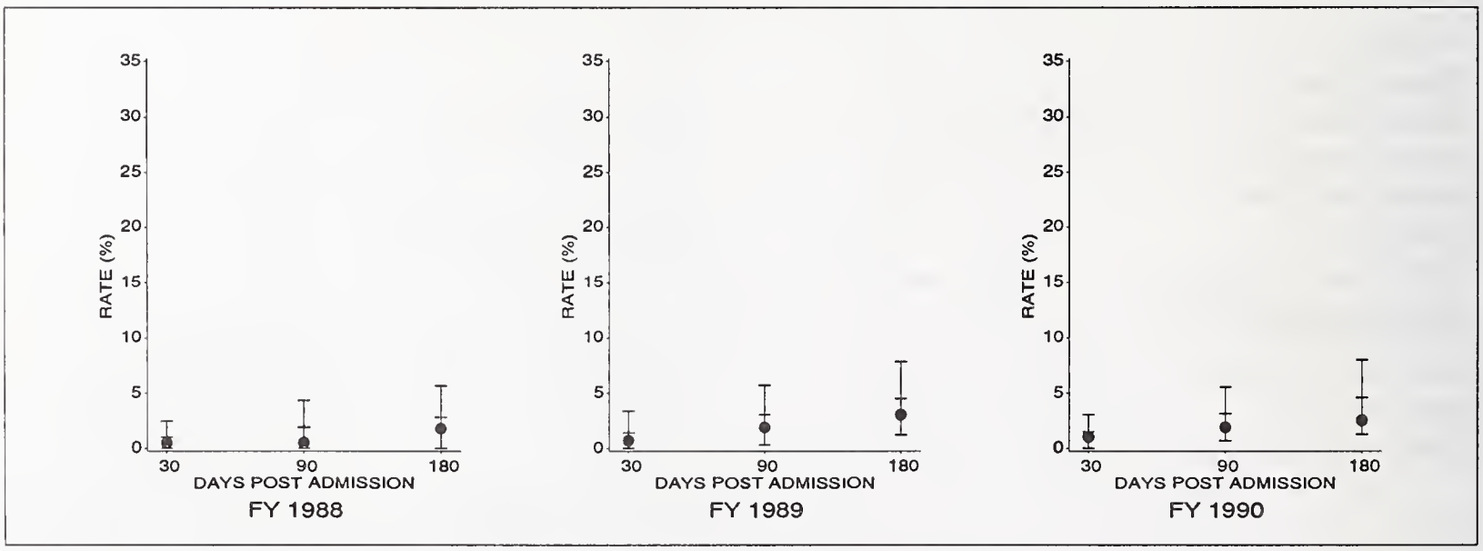
2200 N FOREST PARK AVE
BALTIMORE, MD 21207
Medicare Provider Number: 210058

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	315	1.0	1.5	0.8	1.9	3.1	1.2	2.5	4.6	1.7
CONDITIONS:										
Acute Myocardial Infarction	1	0.0	43.1	-----	0.0	47.0	-----	0.0	49.0	-----
Congestive Heart Failure	0									
Pneumonia/Influenza	1	0.0	12.5	-----	0.0	16.3	-----	0.0	19.4	-----
Chronic Obstructive Pulmonary Disease	0									
Transient Cerebral Ischemia	0									
Stroke	1	100.0	9.5	-----	100.0	17.3	-----	100.0	23.5	-----
Hip Fracture	1	0.0	1.6	-----	0.0	3.4	-----	0.0	5.0	-----
Sepsis	0									
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	28	0.0	0.7	-----	0.0	1.1	-----	0.0	1.6	-----
Open Reduction of Hip Fracture	1	0.0	1.3	-----	0.0	2.8	-----	0.0	4.4	-----
Prostatectomy	0									
Cholecystectomy	0									
Hysterectomy	0									

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



JAMES LAWRENCE KERNAN HOSPITAL INC

Medicare Provider Number: 210058

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	72.5 years
Proportion female	68.7 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	93.7 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	90.5 %
Admitted for emergency	3.2 %

COMORBIDITIES:

Cancer	1.6 %
Chronic cardiovascular disease	31.6 %
Chronic liver disease	0.6 %
Chronic renal disease	1.9 %
Chronic pulmonary disease	6.3 %
Cerebrovascular degeneration	3.2 %
Diabetes mellitus	7.6 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	43.2%
State	52.6%
Outside State	4.2%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	16.5 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	69
Occupancy Rate	62.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	40.0 %
Case Mix Index (CMI)	1.7226

STAFFING:

Total Number of Physicians	66
Percent of Physicians Board Certified Specialists	78.8 %
Medical Residents/Interns	0
Registered Nurses	44
Licensed Practical Nurses	8

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	Yes
Psychiatric	No
Medicare Swing Beds	No

*** Not used in calculating mortality rates**

JOHNS HOPKINS HOSPITAL

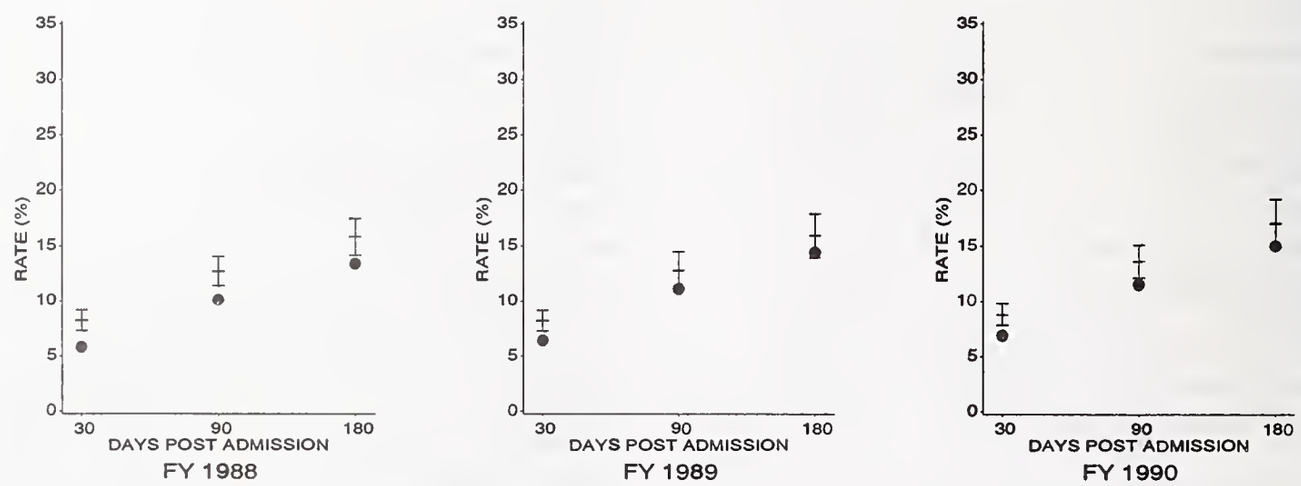
600 N WOLFE ST
BALTIMORE, MD 21205
Medicare Provider Number: 210009

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	4347	6.9	8.8	0.5	11.5	13.6	0.8	15.0	17.0	1.1
CONDITIONS:										
Acute Myocardial Infarction	54	27.8	25.0	6.3	31.5	27.7	6.9	33.3	30.4	6.7
Congestive Heart Failure	97	11.3	13.2	3.8	17.5	21.2	6.4	24.7	27.3	7.8
Pneumonia/Influenza	73	24.7	17.0	5.4	32.9	23.7	7.2	43.8	27.6	8.4
Chronic Obstructive Pulmonary Disease	28	10.7	10.8	-----	10.7	17.6	-----	17.9	22.4	-----
Transient Cerebral Ischemia	39	2.6	1.6	-----	2.6	3.3	-----	5.1	5.2	-----
Stroke	94	13.8	21.8	7.2	17.0	27.2	7.7	21.3	30.5	7.6
Hip Fracture	19	0.0	6.5	-----	5.3	10.8	-----	5.3	13.7	-----
Sepsis	23	52.2	31.2	-----	60.9	37.6	-----	60.9	41.5	-----
PROCEDURES:										
Angioplasty	19	0.0	2.4	-----	0.0	3.3	-----	0.0	4.2	-----
Coronary Artery Bypass Graft	168	4.2	7.7	2.9	7.1	11.3	3.4	8.9	12.8	3.5
Initial Pacemaker Insertion	4	0.0	4.3	-----	0.0	8.7	-----	0.0	12.3	-----
Carotid Endarterectomy	4	0.0	1.4	-----	0.0	2.7	-----	0.0	3.8	-----
Hip Replacement/Reconstruction	55	0.0	1.4	2.0	1.8	2.7	2.4	1.8	3.9	3.1
Open Reduction of Hip Fracture	3	0.0	8.5	-----	33.3	14.3	-----	33.3	17.6	-----
Prostatectomy	103	1.9	1.0	1.1	1.9	2.3	2.0	3.9	3.7	2.0
Cholecystectomy	56	3.6	6.0	3.6	5.4	12.1	5.2	8.9	16.7	6.2
Hysterectomy	35	2.9	1.5	-----	5.7	3.3	-----	8.6	5.1	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



JOHNS HOPKINS HOSPITAL

Medicare Provider Number: 210009

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	69.5 years
Proportion female	49.9 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	0.2 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	12.3 %
Admitted for emergency	44.1 %

COMORBIDITIES:

Cancer	8.9 %
Chronic cardiovascular disease	24.5 %
Chronic liver disease	0.8 %
Chronic renal disease	4.6 %
Chronic pulmonary disease	8.2 %
Cerebrovascular degeneration	1.7 %
Diabetes mellitus	5.5 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	41.3%
State	41.8%
Outside State	16.9%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	9.1 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	979
Occupancy Rate	84.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	21.7 %
Case Mix Index (CMI)	1.4130

STAFFING:

Total Number of Physicians	1369
Percent of Physicians Board Certified Specialists	69.2 %
Medical Residents/Interns	0
Registered Nurses	1580
Licensed Practical Nurses	34

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	Yes
Other Intensive Care	No
Trauma Center	Yes

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

KENT & QUEEN ANNES HOSPITAL

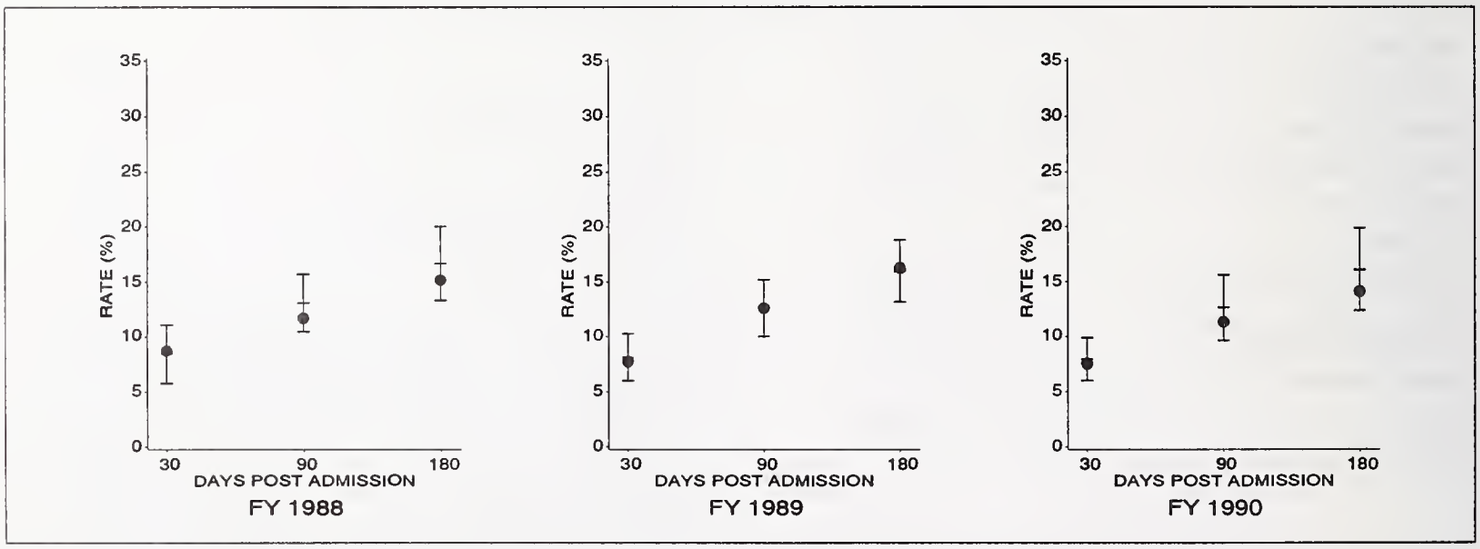
BROWN ST
CHESTERTOWN, MD 21620
Medicare Provider Number: 210030

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	865	7.5	7.9	1.0	11.3	12.6	1.5	14.1	16.1	1.9
CONDITIONS:										
Acute Myocardial Infarction	21	14.3	19.8	-----	23.8	22.5	-----	23.8	24.9	-----
Congestive Heart Failure	49	10.2	13.8	-----	16.3	21.9	-----	22.4	28.0	-----
Pneumonia/Influenza	35	8.6	16.1	-----	14.3	22.4	-----	14.3	26.5	-----
Chronic Obstructive Pulmonary Disease	36	0.0	8.0	-----	2.8	14.3	-----	13.9	19.0	-----
Transient Cerebral Ischemia	24	0.0	1.9	-----	0.0	4.2	-----	0.0	6.7	-----
Stroke	15	0.0	13.9	-----	0.0	18.4	-----	0.0	21.7	-----
Hip Fracture	16	6.3	6.7	-----	18.8	11.5	-----	18.8	15.0	-----
Sepsis	11	27.3	20.5	-----	27.3	26.4	-----	36.4	30.1	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	6	16.7	1.9	-----	16.7	4.1	-----	16.7	6.1	-----
Carotid Endarterectomy	2	0.0	1.8	-----	0.0	3.2	-----	0.0	4.6	-----
Hip Replacement/Reconstruction	10	10.0	3.6	-----	10.0	7.6	-----	10.0	11.5	-----
Open Reduction of Hip Fracture	8	0.0	5.6	-----	12.5	9.8	-----	12.5	12.8	-----
Prostatectomy	18	5.6	1.2	-----	5.6	2.6	-----	5.6	4.3	-----
Cholecystectomy	18	0.0	1.9	-----	5.6	3.2	-----	5.6	4.2	-----
Hysterectomy	6	0.0	0.9	-----	0.0	2.1	-----	0.0	3.4	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



KENT & QUEEN ANNES HOSPITAL

Medicare Provider Number: 210030

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	75.1 years
Proportion female	55.0 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	49.2 %
Transferred from skilled nursing facility	0.1 %
Admitted for elective procedure	2.5 %
Admitted for emergency	3.1 %

COMORBIDITIES:

Cancer	7.1 %
Chronic cardiovascular disease	37.2 %
Chronic liver disease	0.8 %
Chronic renal disease	3.7 %
Chronic pulmonary disease	16.1 %
Cerebrovascular degeneration	3.1 %
Diabetes mellitus	8.6 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	72.8%
State	22.7%
Outside State	4.5%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	6.6 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	64
Occupancy Rate	79.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	39.0 %
Case Mix Index (CMI)	1.0183

STAFFING:

Total Number of Physicians	33
Percent of Physicians Board Certified Specialists	(Not Available)
Medical Residents/Interns	0
Registered Nurses	63
Licensed Practical Nurses	19

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

LIBERTY MEDICAL CENTER

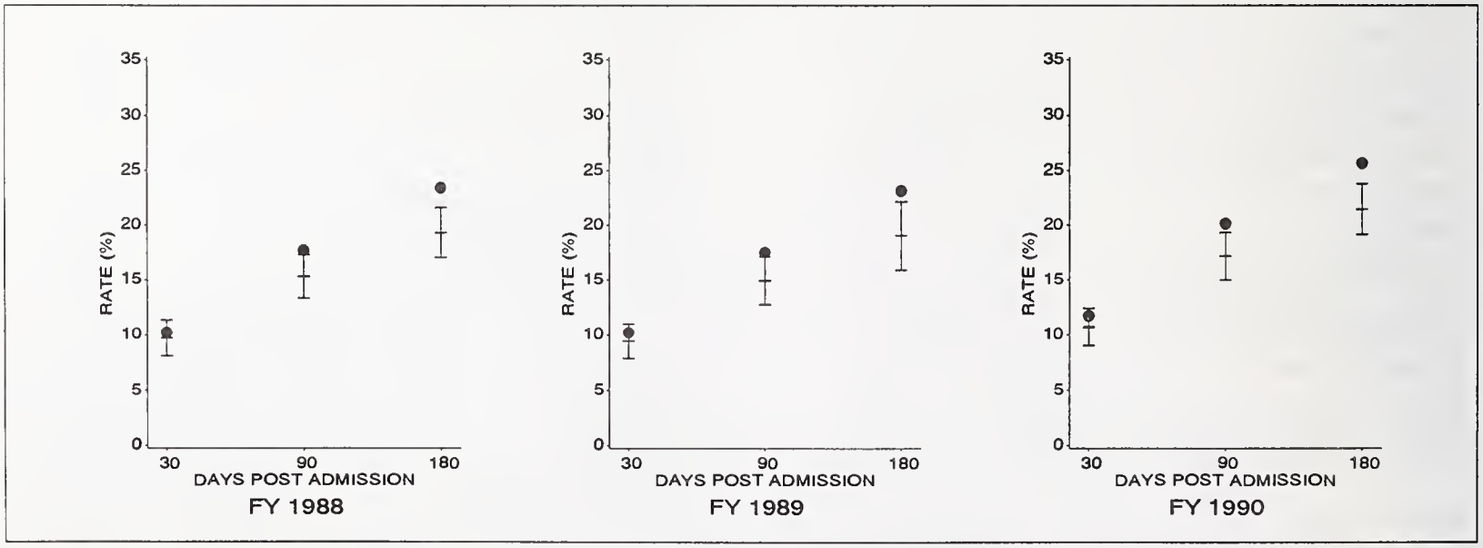
730 ASHBURTON ST
BALTIMORE, MD 21215
Medicare Provider Number: 210059

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%) 30 DAYS OBS	30 DAYS PRED	30 DAYS SD*	90 DAYS OBS	90 DAYS PRED	90 DAYS SD*	180 DAYS OBS	180 DAYS PRED	180 DAYS SD*
ALL CAUSES	1439	11.7	10.7	0.8	20.1	17.1	1.1	25.6	21.4	1.2
CONDITIONS:										
Acute Myocardial Infarction	22	31.8	23.4	-----	40.9	25.9	-----	40.9	28.7	-----
Congestive Heart Failure	86	14.0	14.4	4.0	29.1	24.0	6.3	32.6	30.6	6.9
Pneumonia/Influenza	87	14.9	15.0	4.1	26.4	20.8	6.8	29.9	24.6	8.0
Chronic Obstructive Pulmonary Disease	25	24.0	8.4	-----	32.0	15.2	-----	36.0	20.1	-----
Transient Cerebral Ischemia	26	3.8	2.1	-----	3.8	5.2	-----	11.5	8.9	-----
Stroke	81	16.0	14.6	4.1	25.9	20.9	7.5	30.9	24.7	8.9
Hip Fracture	14	21.4	7.4	-----	28.6	13.3	-----	28.6	17.5	-----
Sepsis	33	30.3	30.6	-----	42.4	40.3	-----	66.7	45.7	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	8	0.0	4.5	-----	12.5	8.4	-----	12.5	11.6	-----
Carotid Endarterectomy	3	0.0	0.9	-----	0.0	1.7	-----	0.0	2.5	-----
Hip Replacement/Reconstruction	7	42.9	3.5	-----	57.1	6.6	-----	57.1	9.5	-----
Open Reduction of Hip Fracture	3	0.0	5.8	-----	0.0	10.8	-----	0.0	14.2	-----
Prostatectomy	50	0.0	0.8	-----	2.0	1.9	-----	4.0	3.3	-----
Cholecystectomy	13	15.4	4.9	-----	15.4	8.2	-----	15.4	9.8	-----
Hysterectomy	4	0.0	0.4	-----	0.0	1.1	-----	0.0	2.0	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



LIBERTY MEDICAL CENTER
Medicare Provider Number: 210059

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.5 years
Proportion female	58.1 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	93.5 %
Transferred from skilled nursing facility	0.1 %
Admitted for elective procedure	11.5 %
Admitted for emergency	76.0 %

COMORBIDITIES:

Cancer	7.3 %
Chronic cardiovascular disease	31.1 %
Chronic liver disease	1.0 %
Chronic renal disease	4.4 %
Chronic pulmonary disease	9.7 %
Cerebrovascular degeneration	6.0 %
Diabetes mellitus	14.2 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	0.0%
State	98.3%
Outside State	1.7%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	13.8 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	282
Occupancy Rate	78.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	(Not Available)
Case Mix Index (CMI)	1.2855

STAFFING:

Total Number of Physicians	(Not Available)
Percent of Physicians Board Certified Specialists	(Not Available)
Medical Residents/Interns	(Not Available)
Registered Nurses	(Not Available)
Licensed Practical Nurses	(Not Available)

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	Yes
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	Yes
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

MARYLAND GENERAL HOSPITAL

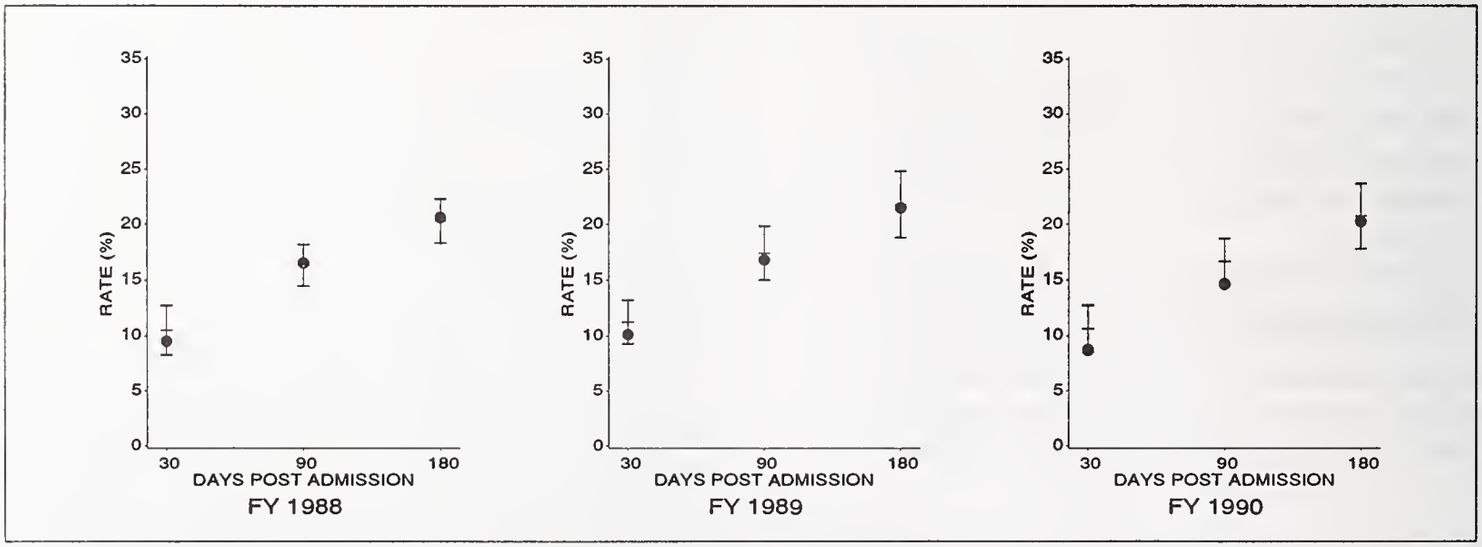
827 LINDEN AVE
BALTIMORE, MD 21201
Medicare Provider Number: 210038

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1695	8.7	10.6	1.1	14.6	16.6	1.0	20.2	20.7	1.5
CONDITIONS:										
Acute Myocardial Infarction	36	8.3	27.3	-----	16.7	30.4	-----	27.8	33.2	-----
Congestive Heart Failure	83	7.2	14.7	6.0	13.3	23.9	8.0	22.9	30.0	7.7
Pneumonia/Influenza	75	24.0	17.3	6.1	26.7	23.9	5.2	30.7	28.1	6.0
Chronic Obstructive Pulmonary Disease	10	0.0	9.1	-----	10.0	15.3	-----	30.0	20.4	-----
Transient Cerebral Ischemia	23	8.7	1.4	-----	8.7	3.3	-----	13.0	5.5	-----
Stroke	63	14.3	17.8	5.9	22.2	23.7	5.6	27.0	27.2	6.9
Hip Fracture	21	9.5	6.5	-----	19.0	11.5	-----	28.6	15.1	-----
Sepsis	58	29.3	28.5	6.4	39.7	38.9	7.6	50.0	43.9	7.2
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	2	0.0	1.2	-----	0.0	2.7	-----	0.0	4.0	-----
Carotid Endarterectomy	4	0.0	2.5	-----	0.0	5.7	-----	0.0	8.6	-----
Hip Replacement/Reconstruction	16	12.5	3.8	-----	12.5	6.8	-----	25.0	8.9	-----
Open Reduction of Hip Fracture	10	10.0	5.2	-----	20.0	9.7	-----	20.0	13.0	-----
Prostatectomy	38	0.0	1.0	-----	2.6	2.5	-----	13.2	4.3	-----
Cholecystectomy	12	0.0	6.7	-----	8.3	11.8	-----	25.0	15.1	-----
Hysterectomy	11	0.0	0.4	-----	0.0	1.0	-----	0.0	1.6	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



MARYLAND GENERAL HOSPITAL
Medicare Provider Number: 210038

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	73.3 years
Proportion female	58.5 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	32.5 %
Transferred from skilled nursing facility	2.5 %
Admitted for elective procedure	17.1 %
Admitted for emergency	79.2 %

COMORBIDITIES:

Cancer	7.9 %
Chronic cardiovascular disease	25.8 %
Chronic liver disease	1.0 %
Chronic renal disease	9.0 %
Chronic pulmonary disease	8.8 %
Cerebrovascular degeneration	7.7 %
Diabetes mellitus	10.7 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	82.8%
State	15.2%
Outside State	2.0%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	12.3 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	213
Occupancy Rate	93.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	34.9 %
Case Mix Index (CMI)	1.3143

STAFFING:

Total Number of Physicians	258
Percent of Physicians Board Certified Specialists	53.5 %
Medical Residents/Interns	36
Registered Nurses	247
Licensed Practical Nurses	27

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

MEMORIAL HOSPITAL & MED CTR CUMBERLAND

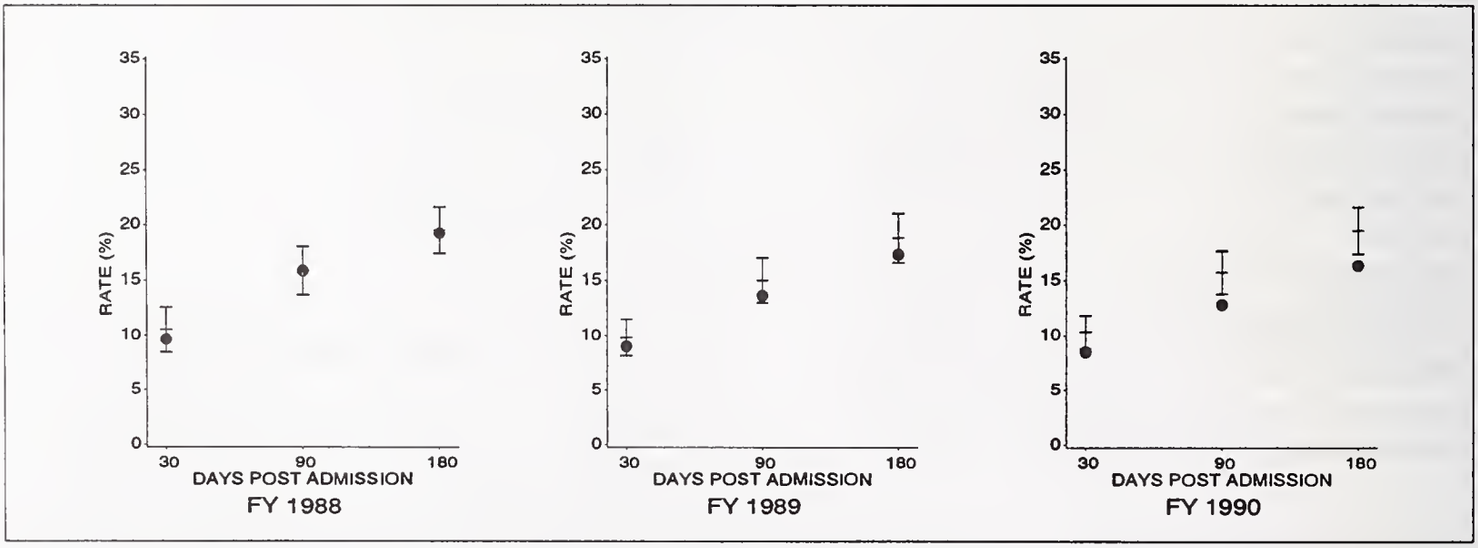
600 MEMORIAL AVE
CUMBERLAND, MD 21502
Medicare Provider Number: 210025

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	2398	8.5	10.3	0.7	12.8	15.7	1.0	16.3	19.5	1.1
CONDITIONS:										
Acute Myocardial Infarction	80	21.2	26.7	7.0	26.2	29.9	7.8	28.7	32.8	7.0
Congestive Heart Failure	128	14.1	16.0	3.8	26.6	25.3	4.1	35.9	31.8	5.5
Pneumonia/Influenza	109	7.3	14.3	4.6	9.2	19.5	5.4	13.8	23.0	6.1
Chronic Obstructive Pulmonary Disease	49	8.2	7.7	-----	12.2	13.8	-----	16.3	18.3	-----
Transient Cerebral Ischemia	43	2.3	1.2	-----	7.0	3.0	-----	7.0	5.1	-----
Stroke	101	13.9	18.2	7.5	19.8	25.5	7.9	23.8	29.6	7.2
Hip Fracture	64	3.1	5.8	3.4	6.3	10.4	4.5	9.4	13.5	5.5
Sepsis	43	14.0	25.2	-----	23.3	35.0	-----	27.9	40.2	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	8	0.0	6.4	-----	12.5	11.3	-----	12.5	14.8	-----
Carotid Endarterectomy	4	0.0	0.8	-----	0.0	1.4	-----	0.0	2.2	-----
Hip Replacement/Reconstruction	61	0.0	2.9	3.0	1.6	5.4	4.1	4.9	7.3	4.5
Open Reduction of Hip Fracture	28	3.6	5.7	-----	7.1	10.3	-----	7.1	13.5	-----
Prostatectomy	33	3.0	2.1	-----	6.1	4.9	-----	9.1	7.8	-----
Cholecystectomy	34	5.9	2.0	-----	5.9	3.4	-----	5.9	4.4	-----
Hysterectomy	7	0.0	0.5	-----	0.0	1.3	-----	0.0	2.1	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



MEMORIAL HOSPITAL & MED CTR CUMBERLAND

Medicare Provider Number: 210025

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.7 years
Proportion female	59.5 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	22.5 %
Transferred from skilled nursing facility	0.1 %
Admitted for elective procedure	3.6 %
Admitted for emergency	85.0 %

COMORBIDITIES:

Cancer	8.1 %
Chronic cardiovascular disease	34.8 %
Chronic liver disease	1.0 %
Chronic renal disease	4.3 %
Chronic pulmonary disease	15.5 %
Cerebrovascular degeneration	5.9 %
Diabetes mellitus	10.5 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	70.8%
State	4.6%
Outside State	24.6%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	10.0 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	201
Occupancy Rate	79.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	47.4 %
Case Mix Index (CMI)	1.2054

STAFFING:

Total Number of Physicians	85
Percent of Physicians Board Certified Specialists	61.2 %
Medical Residents/Interns	0
Registered Nurses	211
Licensed Practical Nurses	30

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	Yes
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	Yes
Trauma Center	Yes

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

* Not used in calculating mortality rates

MEMORIAL HOSPITAL AT EASTON

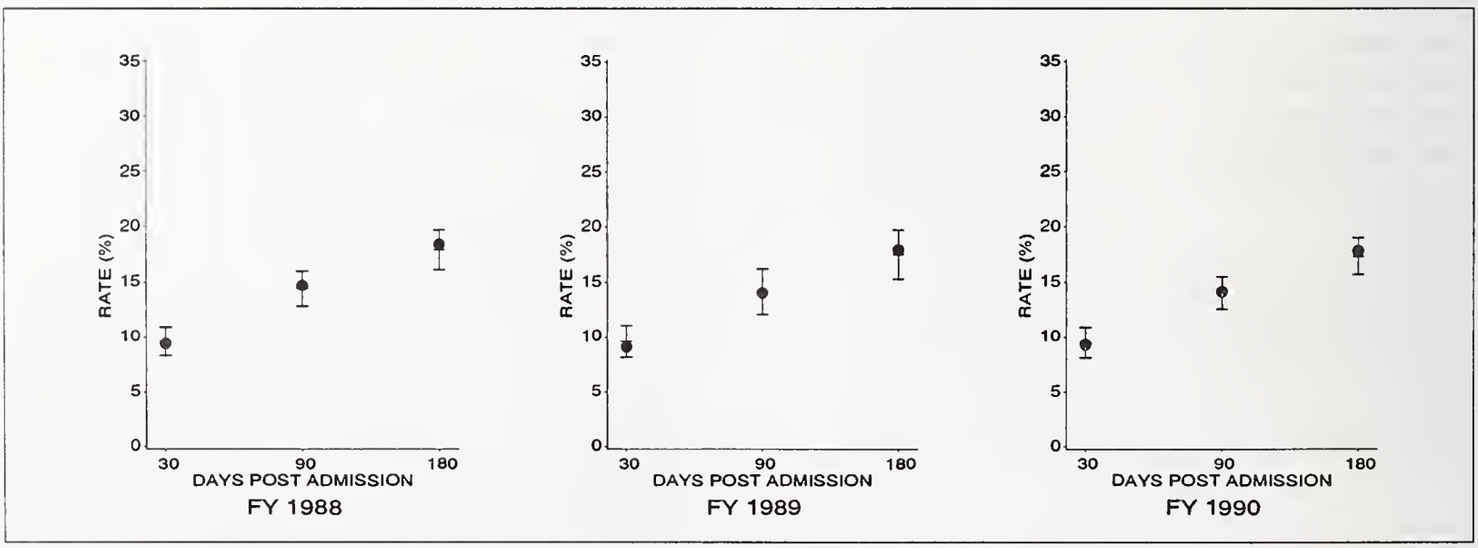
219 S WASHINGTON ST
EASTON, MD 21601
Medicare Provider Number: 210037

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	2380	9.3	9.5	0.7	14.1	14.0	0.7	17.8	17.3	0.8
CONDITIONS:										
Acute Myocardial Infarction	114	21.9	23.5	4.5	24.6	26.7	4.7	27.2	29.5	4.8
Congestive Heart Failure	135	8.9	14.9	5.0	17.0	23.1	6.4	25.9	29.3	5.4
Pneumonia/Influenza	101	15.8	17.0	5.2	22.8	23.1	4.3	29.7	26.8	4.7
Chronic Obstructive Pulmonary Disease	29	10.3	10.1	-----	13.8	16.8	-----	24.1	21.7	-----
Transient Cerebral Ischemia	28	3.6	1.7	-----	7.1	3.8	-----	17.9	6.3	-----
Stroke	95	18.9	20.3	4.9	24.2	27.0	5.1	27.4	31.0	5.7
Hip Fracture	46	8.7	8.0	-----	15.2	13.9	-----	21.7	18.0	-----
Sepsis	49	14.3	26.8	-----	16.3	34.6	-----	22.4	39.4	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	11	0.0	2.8	-----	0.0	5.5	-----	0.0	8.3	-----
Carotid Endarterectomy	9	0.0	1.2	-----	0.0	2.2	-----	0.0	3.2	-----
Hip Replacement/Reconstruction	38	0.0	1.4	-----	2.6	2.4	-----	2.6	3.4	-----
Open Reduction of Hip Fracture	31	9.7	7.0	-----	16.1	12.7	-----	19.4	16.9	-----
Prostatectomy	83	0.0	1.1	1.5	1.2	2.4	2.0	1.2	4.0	3.2
Cholecystectomy	37	5.4	2.8	-----	5.4	4.9	-----	5.4	6.4	-----
Hysterectomy	25	0.0	0.6	-----	0.0	1.4	-----	0.0	2.3	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



MEMORIAL HOSPITAL AT EASTON
Medicare Provider Number: 210037

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.4 years
Proportion female	54.2 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	42.4 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	12.6 %
Admitted for emergency	77.1 %

COMORBIDITIES:

Cancer	7.4 %
Chronic cardiovascular disease	34.6 %
Chronic liver disease	0.6 %
Chronic renal disease	3.6 %
Chronic pulmonary disease	9.7 %
Cerebrovascular degeneration	3.4 %
Diabetes mellitus	8.2 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	40.4%
State	56.6%
Outside State	3.0%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	7.8 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	201
Occupancy Rate	78.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	40.4 %
Case Mix Index (CMI)	1.1942

STAFFING:

Total Number of Physicians	86
Percent of Physicians Board Certified Specialists	83.7 %
Medical Residents/Interns	0
Registered Nurses	209
Licensed Practical Nurses	17

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	Yes

** Except for CMI

*** Not used in calculating mortality rates**

MERCY MEDICAL CENTER INC

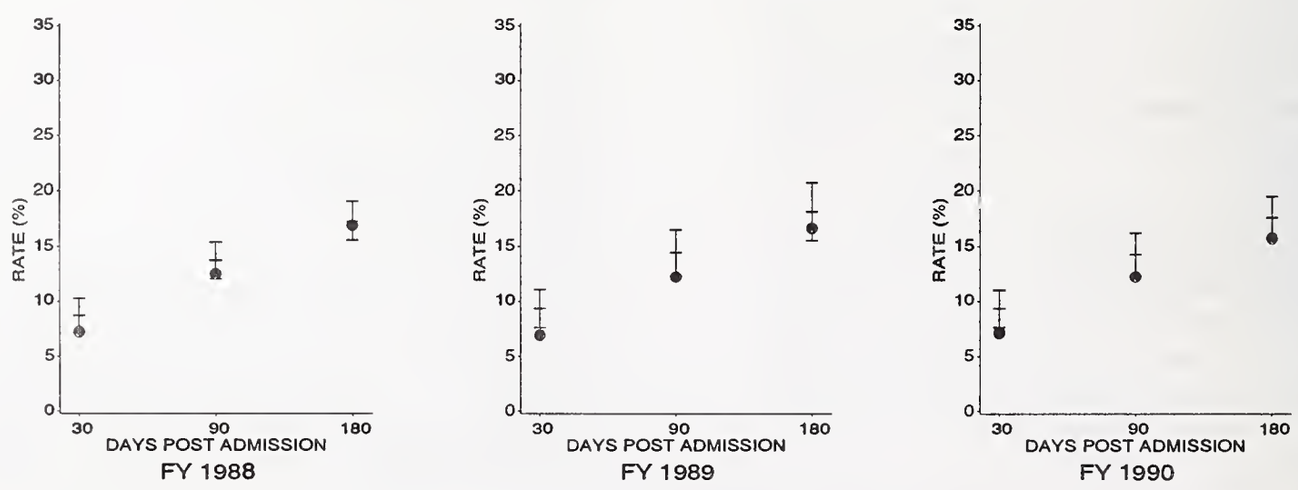
301 ST PAUL PLACE
BALTIMORE, MD 21202
Medicare Provider Number: 210008

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	2059	7.1	9.3	0.9	12.2	14.2	1.0	15.7	17.6	1.0
CONDITIONS:										
Acute Myocardial Infarction	41	24.4	27.0	-----	26.8	29.6	-----	29.3	32.4	-----
Congestive Heart Failure	116	8.6	15.6	6.2	19.8	25.0	5.6	28.4	31.3	4.9
Pneumonia/Influenza	75	17.3	14.6	6.2	25.3	20.1	6.5	30.7	23.6	8.1
Chronic Obstructive Pulmonary Disease	34	14.7	10.7	-----	14.7	18.4	-----	17.6	23.6	-----
Transient Cerebral Ischemia	22	0.0	2.3	-----	0.0	5.1	-----	0.0	8.2	-----
Stroke	69	8.7	19.0	6.9	15.9	25.1	6.4	24.6	28.6	6.0
Hip Fracture	30	3.3	5.5	-----	20.0	9.6	-----	33.3	12.7	-----
Sepsis	15	13.3	18.9	-----	20.0	24.1	-----	20.0	27.8	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	6	0.0	3.8	-----	0.0	8.3	-----	0.0	12.5	-----
Carotid Endarterectomy	2	0.0	2.8	-----	0.0	4.6	-----	0.0	6.2	-----
Hip Replacement/Reconstruction	20	0.0	2.9	-----	5.0	5.4	-----	5.0	7.3	-----
Open Reduction of Hip Fracture	15	0.0	4.8	-----	26.7	8.8	-----	40.0	11.6	-----
Prostatectomy	124	2.4	1.1	1.5	3.2	2.6	2.4	4.0	4.2	3.4
Cholecystectomy	28	0.0	1.7	-----	0.0	3.2	-----	3.6	4.4	-----
Hysterectomy	5	0.0	0.2	-----	0.0	0.6	-----	0.0	1.1	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



MERCY MEDICAL CENTER INC
Medicare Provider Number: 210008

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	73.9 years
Proportion female	60.3 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	0.5 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	26.7 %
Admitted for emergency	71.0 %

COMORBIDITIES:

Cancer	8.7 %
Chronic cardiovascular disease	29.8 %
Chronic liver disease	1.2 %
Chronic renal disease	2.6 %
Chronic pulmonary disease	13.9 %
Cerebrovascular degeneration	3.4 %
Diabetes mellitus	6.9 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	68.3%
State	29.2%
Outside State	2.5%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	9.4 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	285
Occupancy Rate	75.0 %
Ownership/Control	Church
Medicare Discharges	26.5 %
Case Mix Index (CMI)	1.2099

STAFFING:

Total Number of Physicians	361
Percent of Physicians Board Certified Specialists	69.5 %
Medical Residents/Interns	20
Registered Nurses	304
Licensed Practical Nurses	9

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	Yes
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

*** Not used in calculating mortality rates**

MONTGOMERY GENERAL HOSPITAL INC

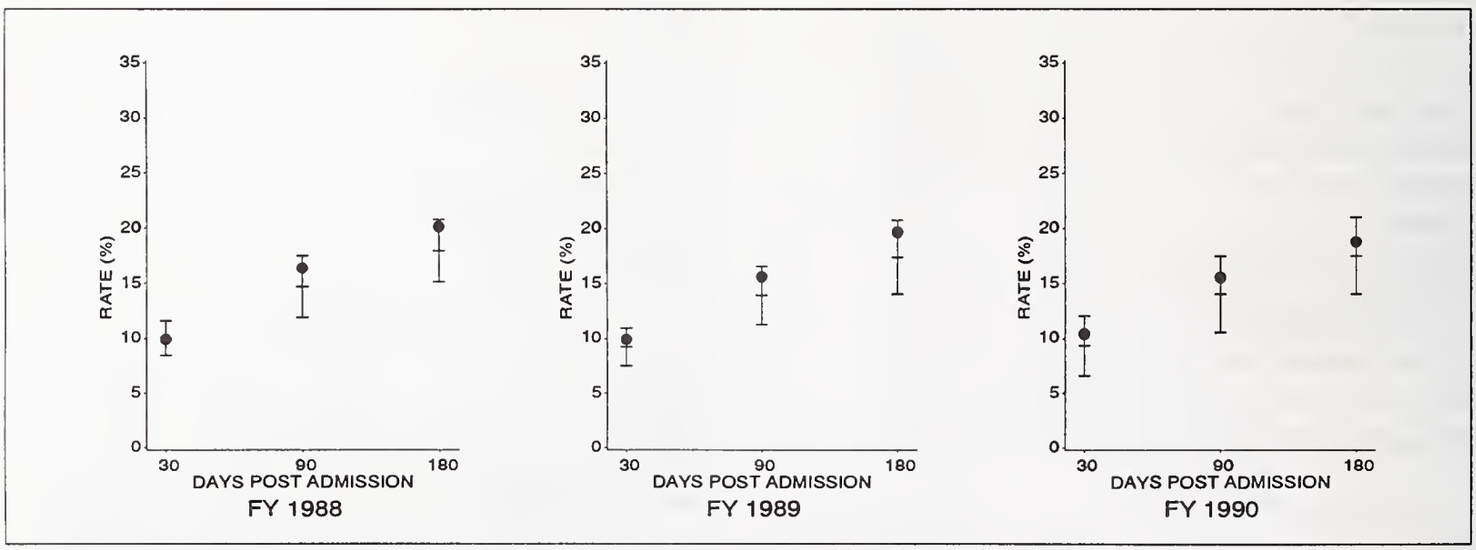
18101 PRINCE PHILIP DRIVE
OLNEY, MD 20832
Medicare Provider Number: 210018

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1639	10.4	9.3	1.4	15.5	14.0	1.7	18.8	17.5	1.8
CONDITIONS:										
Acute Myocardial Infarction	40	40.0	27.6	-----	42.5	31.0	-----	50.0	33.9	-----
Congestive Heart Failure	57	8.8	15.7	5.8	22.8	24.5	6.2	31.6	31.1	6.2
Pneumonia/Influenza	74	17.6	18.0	5.0	21.6	24.4	5.8	28.4	28.4	5.4
Chronic Obstructive Pulmonary Disease	17	17.6	9.8	-----	29.4	16.6	-----	35.3	21.5	-----
Transient Cerebral Ischemia	23	8.7	1.5	-----	8.7	3.1	-----	8.7	4.9	-----
Stroke	63	31.7	23.1	6.2	39.7	30.1	6.9	42.9	33.9	7.2
Hip Fracture	75	5.3	7.2	3.5	13.3	12.9	4.2	18.7	16.9	4.7
Sepsis	23	43.5	30.1	-----	52.2	37.2	-----	52.2	41.2	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	18	0.0	3.1	-----	5.6	6.1	-----	5.6	8.9	-----
Carotid Endarterectomy	11	0.0	2.0	-----	0.0	3.9	-----	0.0	5.7	-----
Hip Replacement/Reconstruction	37	2.7	3.8	-----	10.8	7.3	-----	16.2	10.2	-----
Open Reduction of Hip Fracture	33	6.1	6.8	-----	12.1	12.8	-----	18.2	16.8	-----
Prostatectomy	51	2.0	1.1	1.6	3.9	2.7	3.2	7.8	4.5	5.1
Cholecystectomy	26	7.7	3.5	-----	7.7	6.5	-----	7.7	8.3	-----
Hysterectomy	17	0.0	0.3	-----	0.0	0.8	-----	0.0	1.3	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



MONTGOMERY GENERAL HOSPITAL INC

Medicare Provider Number: 210018

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	76.7 years
Proportion female	59.5 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	38.0 %
Transferred from skilled nursing facility	2.0 %
Admitted for elective procedure	21.4 %
Admitted for emergency	61.1 %

COMORBIDITIES:

Cancer	7.3 %
Chronic cardiovascular disease	34.8 %
Chronic liver disease	1.1 %
Chronic renal disease	2.3 %
Chronic pulmonary disease	9.2 %
Cerebrovascular degeneration	3.7 %
Diabetes mellitus	4.8 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	77.6%
State	10.8%
Outside State	11.6%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	8.4 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	229
Occupancy Rate	61.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	30.0 %
Case Mix Index (CMI)	1.2823

STAFFING:

Total Number of Physicians	125
Percent of Physicians Board Certified Specialists	89.6 %
Medical Residents/Interns	0
Registered Nurses	256
Licensed Practical Nurses	1

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	Yes
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

*** Not used in calculating mortality rates**

NORTH ARUNDEL HOSPITAL

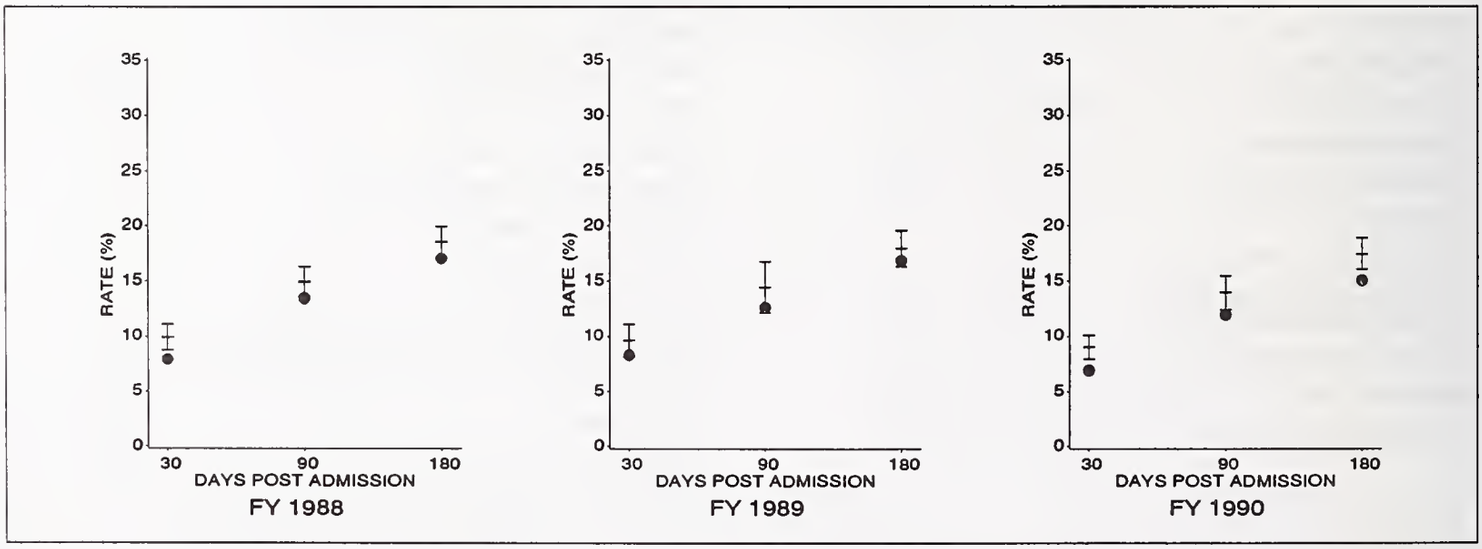
301 HOSPITAL DR
GLEN BURNIE, MD 21061
Medicare Provider Number: 210043

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	3068	6.9	9.0	0.5	11.9	13.9	0.8	15.0	17.4	0.7
CONDITIONS:										
Acute Myocardial Infarction	71	29.6	25.6	5.8	36.6	28.9	7.3	39.4	31.9	7.5
Congestive Heart Failure	193	13.0	14.9	3.8	23.3	24.0	4.5	29.5	30.8	4.5
Pneumonia/Influenza	117	6.8	15.1	5.0	12.8	20.5	5.4	16.2	24.3	5.5
Chronic Obstructive Pulmonary Disease	47	4.3	9.2	-----	8.5	15.2	-----	10.6	19.5	-----
Transient Cerebral Ischemia	60	0.0	1.4	2.1	1.7	3.1	2.7	3.3	5.0	3.2
Stroke	109	17.4	19.8	6.2	20.2	26.0	6.4	22.9	29.7	7.1
Hip Fracture	52	7.7	6.7	5.4	15.4	12.0	6.1	15.4	15.6	6.8
Sepsis	64	10.9	24.3	8.1	20.3	33.4	9.2	28.1	38.4	8.2
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	25	12.0	3.2	-----	12.0	6.2	-----	16.0	8.7	-----
Carotid Endarterectomy	24	0.0	2.2	-----	0.0	3.8	-----	0.0	5.3	-----
Hip Replacement/Reconstruction	39	7.7	3.5	-----	10.3	6.9	-----	10.3	9.5	-----
Open Reduction of Hip Fracture	32	6.3	6.4	-----	15.6	11.8	-----	15.6	15.8	-----
Prostatectomy	64	0.0	1.0	1.5	1.6	2.3	2.1	1.6	3.8	3.1
Cholecystectomy	42	4.8	3.7	-----	7.1	6.6	-----	9.5	8.6	-----
Hysterectomy	14	0.0	0.5	-----	0.0	1.1	-----	0.0	1.9	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



NORTH ARUNDEL HOSPITAL
Medicare Provider Number: 210043

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	73.2 years
Proportion female	56.1 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	15.1 %
Transferred from skilled nursing facility	1.8 %
Admitted for elective procedure	11.0 %
Admitted for emergency	81.7 %

COMORBIDITIES:

Cancer	7.3 %
Chronic cardiovascular disease	32.7 %
Chronic liver disease	0.9 %
Chronic renal disease	2.1 %
Chronic pulmonary disease	15.0 %
Cerebrovascular degeneration	4.5 %
Diabetes mellitus	9.5 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	87.6%
State	9.1%
Outside State	3.3%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	9.7 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	329
Occupancy Rate	80.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	37.0 %
Case Mix Index (CMI)	1.1683

STAFFING:

Total Number of Physicians	235
Percent of Physicians Board Certified Specialists	63.0 %
Medical Residents/Interns	0
Registered Nurses	303
Licensed Practical Nurses	43

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	Yes
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

PENINSULA GENERAL HOSPITAL

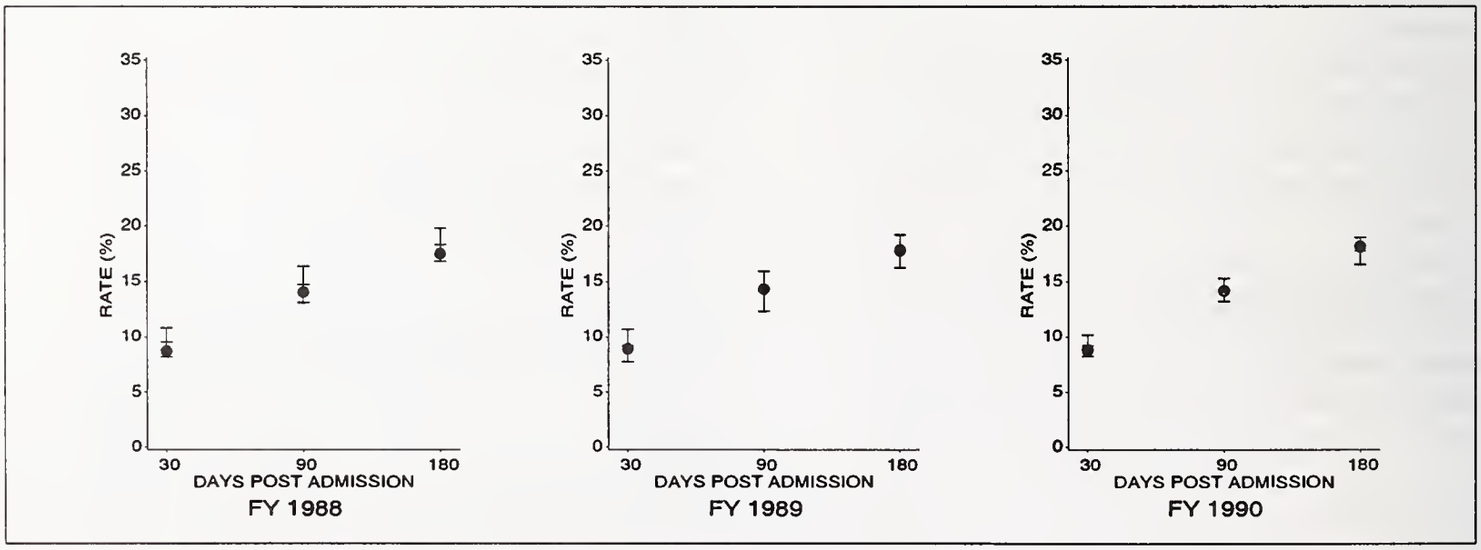
100 E CARROLL AVE
SALISBURY, MD 21801
Medicare Provider Number: 210019

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	4412	8.8	9.2	0.5	14.1	14.2	0.5	18.1	17.7	0.6
CONDITIONS:										
Acute Myocardial Infarction	179	25.7	24.0	3.5	27.9	27.1	3.8	33.0	30.0	4.5
Congestive Heart Failure	272	12.5	13.2	2.3	25.0	21.3	3.8	33.8	27.4	5.7
Pneumonia/Influenza	138	18.1	14.7	5.1	23.2	20.3	4.4	27.5	24.2	4.5
Chronic Obstructive Pulmonary Disease	96	10.4	9.6	3.4	16.7	16.3	7.1	25.0	21.3	7.4
Transient Cerebral Ischemia	94	1.1	1.5	1.9	5.3	3.3	2.2	7.4	5.1	2.6
Stroke	176	10.2	18.4	3.9	14.8	25.0	4.4	18.8	28.6	4.5
Hip Fracture	93	3.2	5.9	3.4	8.6	10.8	3.6	15.1	14.2	3.7
Sepsis	44	27.3	23.0	-----	38.6	29.8	-----	38.6	34.2	-----
PROCEDURES:										
Angioplasty	87	3.4	3.9	2.5	3.4	5.0	3.2	4.6	6.0	4.0
Coronary Artery Bypass Graft	97	3.1	6.6	3.6	4.1	9.5	4.0	5.2	10.8	4.1
Initial Pacemaker Insertion	29	0.0	4.3	-----	10.3	7.8	-----	20.7	10.5	-----
Carotid Endarterectomy	60	1.7	1.7	1.9	1.7	3.2	3.1	1.7	4.7	4.4
Hip Replacement/Reconstruction	55	1.8	3.7	3.4	9.1	7.1	3.9	14.5	9.7	5.3
Open Reduction of Hip Fracture	50	2.0	5.5	-----	4.0	10.1	-----	10.0	13.4	-----
Prostatectomy	99	0.0	1.3	1.5	2.0	3.0	1.9	2.0	5.1	2.9
Cholecystectomy	85	2.4	2.9	2.3	4.7	5.8	3.5	4.7	7.9	4.3
Hysterectomy	19	0.0	1.2	-----	0.0	2.6	-----	0.0	3.9	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



PENINSULA GENERAL HOSPITAL
Medicare Provider Number: 210019

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	73.5 years
Proportion female	52.7 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	37.5 %
Transferred from skilled nursing facility	1.6 %
Admitted for elective procedure	0.1 %
Admitted for emergency	55.8 %

COMORBIDITIES:

Cancer	8.2 %
Chronic cardiovascular disease	35.1 %
Chronic liver disease	0.9 %
Chronic renal disease	3.3 %
Chronic pulmonary disease	14.3 %
Cerebrovascular degeneration	4.3 %
Diabetes mellitus	9.4 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	38.6%
State	37.4%
Outside State	24.0%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	9.0 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	360
Occupancy Rate	81.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	38.7 %
Case Mix Index (CMI)	1.2790

STAFFING:

Total Number of Physicians	166
Percent of Physicians Board Certified Specialists	81.3 %
Medical Residents/Interns	0
Registered Nurses	328
Licensed Practical Nurses	56

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	Yes
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	Yes

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

* Not used in calculating mortality rates

PHYSICIANS MEMORIAL HOSPITAL

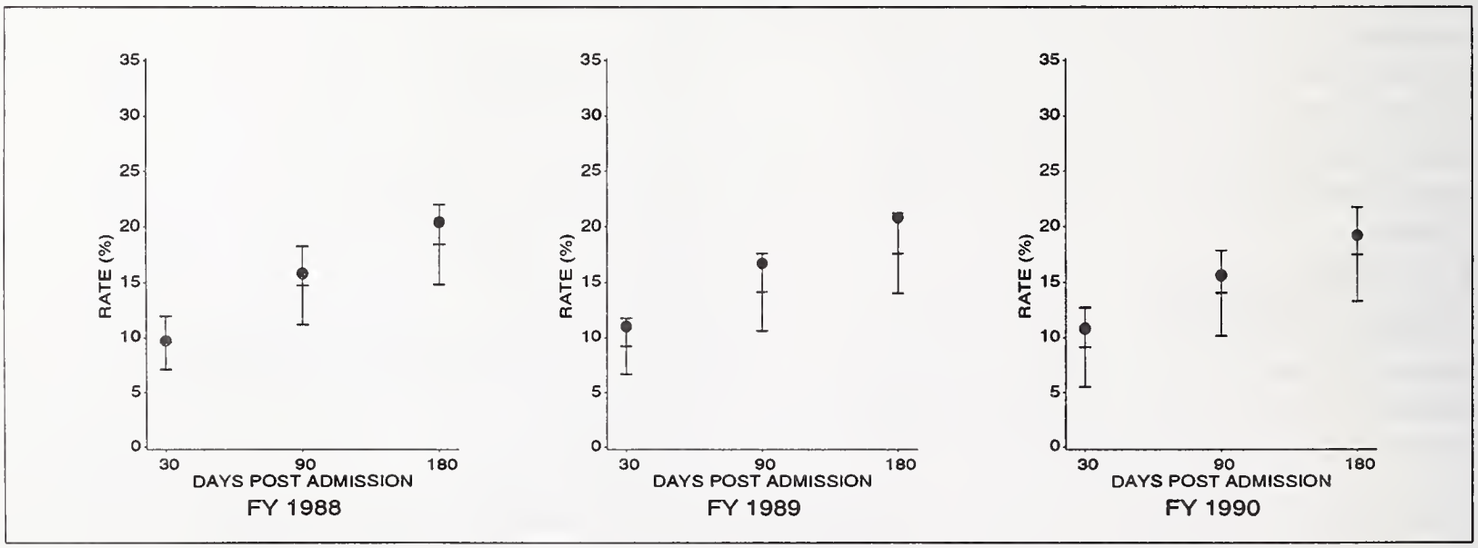
701 E CHARLES STREET
LA PLATA, MD 20646
Medicare Provider Number: 210035

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	923	10.8	9.1	1.8	15.6	14.0	1.9	19.2	17.5	2.1
CONDITIONS:										
Acute Myocardial Infarction	20	20.0	19.5	-----	25.0	22.4	-----	25.0	25.4	-----
Congestive Heart Failure	58	12.1	14.1	5.0	25.9	23.0	9.1	27.6	29.6	6.2
Pneumonia/Influenza	32	31.3	15.6	-----	37.5	22.2	-----	40.6	26.2	-----
Chronic Obstructive Pulmonary Disease	28	14.3	9.4	-----	21.4	15.8	-----	21.4	20.1	-----
Transient Cerebral Ischemia	21	4.8	1.3	-----	4.8	2.9	-----	4.8	4.8	-----
Stroke	36	27.8	19.2	-----	33.3	25.3	-----	36.1	28.9	-----
Hip Fracture	28	7.1	6.1	-----	10.7	11.2	-----	10.7	14.4	-----
Sepsis	8	25.0	19.0	-----	25.0	26.1	-----	25.0	29.6	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	2	0.0	1.7	-----	0.0	3.7	-----	0.0	6.0	-----
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	14	7.1	3.3	-----	7.1	6.2	-----	7.1	8.4	-----
Open Reduction of Hip Fracture	13	7.7	7.3	-----	7.7	13.7	-----	7.7	17.4	-----
Prostatectomy	17	0.0	0.7	-----	0.0	1.7	-----	5.9	3.1	-----
Cholecystectomy	21	4.8	1.6	-----	4.8	2.9	-----	14.3	3.8	-----
Hysterectomy	6	0.0	0.1	-----	0.0	0.3	-----	0.0	0.6	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



PHYSICIANS MEMORIAL HOSPITAL
Medicare Provider Number: 210035

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.0 years
Proportion female	58.7 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	31.3 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	13.3 %
Admitted for emergency	67.4 %

COMORBIDITIES:

Cancer	4.9 %
Chronic cardiovascular disease	30.2 %
Chronic liver disease	0.8 %
Chronic renal disease	4.9 %
Chronic pulmonary disease	16.1 %
Cerebrovascular degeneration	3.0 %
Diabetes mellitus	8.6 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	80.6%
State	14.4%
Outside State	5.0%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	8.1 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	104
Occupancy Rate	72.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	(Not Available)
Case Mix Index (CMI)	1.1114

STAFFING:

Total Number of Physicians	(Not Available)
Percent of Physicians Board Certified Specialists	(Not Available)
Medical Residents/Interns	(Not Available)
Registered Nurses	(Not Available)
Licensed Practical Nurses	(Not Available)

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

*** Not used in calculating mortality rates**

PRINCE GEORGES HOSPITAL CENTER

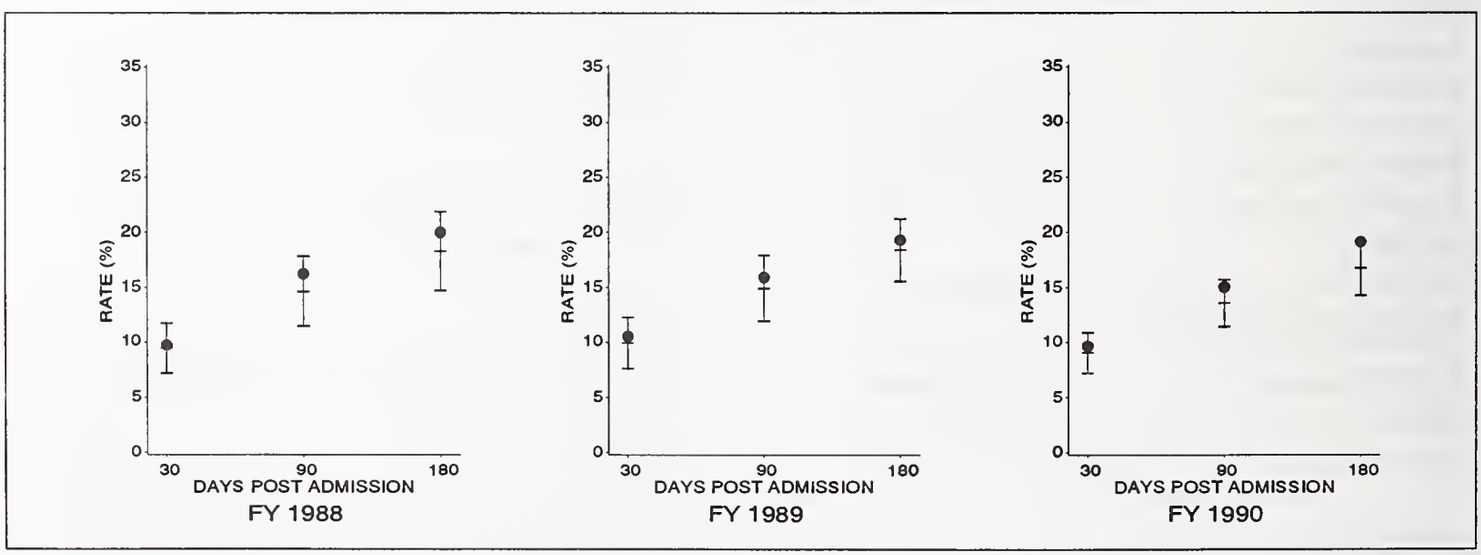
3001 HOSPITAL DRIVE
CHEVERLY, MD 20785
Medicare Provider Number: 210003

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1814	9.6	9.0	0.9	15.0	13.5	1.1	19.1	16.7	1.3
CONDITIONS:										
Acute Myocardial Infarction	31	19.4	20.2	-----	22.6	23.0	-----	22.6	25.5	-----
Congestive Heart Failure	102	15.7	11.8	4.7	20.6	19.4	4.4	23.5	24.9	6.0
Pneumonia/Influenza	76	14.5	13.9	4.2	22.4	18.9	5.4	28.9	22.1	6.9
Chronic Obstructive Pulmonary Disease	22	9.1	9.9	-----	18.2	17.3	-----	27.3	22.4	-----
Transient Cerebral Ischemia	37	0.0	1.9	-----	0.0	4.0	-----	2.7	6.2	-----
Stroke	72	13.9	18.4	5.8	25.0	24.1	6.0	31.9	27.5	5.6
Hip Fracture	39	10.3	5.8	-----	15.4	10.7	-----	23.1	14.1	-----
Sepsis	38	34.2	22.6	-----	42.1	31.0	-----	42.1	35.5	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	5	20.0	4.2	-----	20.0	8.4	-----	40.0	11.7	-----
Carotid Endarterectomy	7	0.0	0.8	-----	0.0	1.5	-----	0.0	2.2	-----
Hip Replacement/Reconstruction	13	7.7	3.4	-----	7.7	6.8	-----	7.7	9.4	-----
Open Reduction of Hip Fracture	20	15.0	5.0	-----	20.0	9.2	-----	20.0	11.9	-----
Prostatectomy	36	2.8	1.2	-----	5.6	2.6	-----	5.6	4.1	-----
Cholecystectomy	19	0.0	2.8	-----	0.0	4.7	-----	10.5	5.8	-----
Hysterectomy	11	0.0	0.2	-----	0.0	0.4	-----	0.0	0.6	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



PRINCE GEORGES HOSPITAL CENTER

Medicare Provider Number: 210003

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	72.2 years
Proportion female	56.9 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	10.0 %
Transferred from skilled nursing facility	1.3 %
Admitted for elective procedure	11.8 %
Admitted for emergency	56.3 %

COMORBIDITIES:

Cancer	3.1 %
Chronic cardiovascular disease	16.3 %
Chronic liver disease	0.6 %
Chronic renal disease	4.1 %
Chronic pulmonary disease	6.0 %
Cerebrovascular degeneration	2.0 %
Diabetes mellitus	4.7 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	80.1%
State	9.4%
Outside State	10.5%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	12.4 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	447
Occupancy Rate	69.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	16.0 %
Case Mix Index (CMI)	1.1512

STAFFING:

Total Number of Physicians	397
Percent of Physicians Board Certified Specialists	67.0 %
Medical Residents/Interns	58
Registered Nurses	272
Licensed Practical Nurses	26

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	Yes
Hospice Care	Yes
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	Yes

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	Yes
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

SACRED HEART HOSPITAL

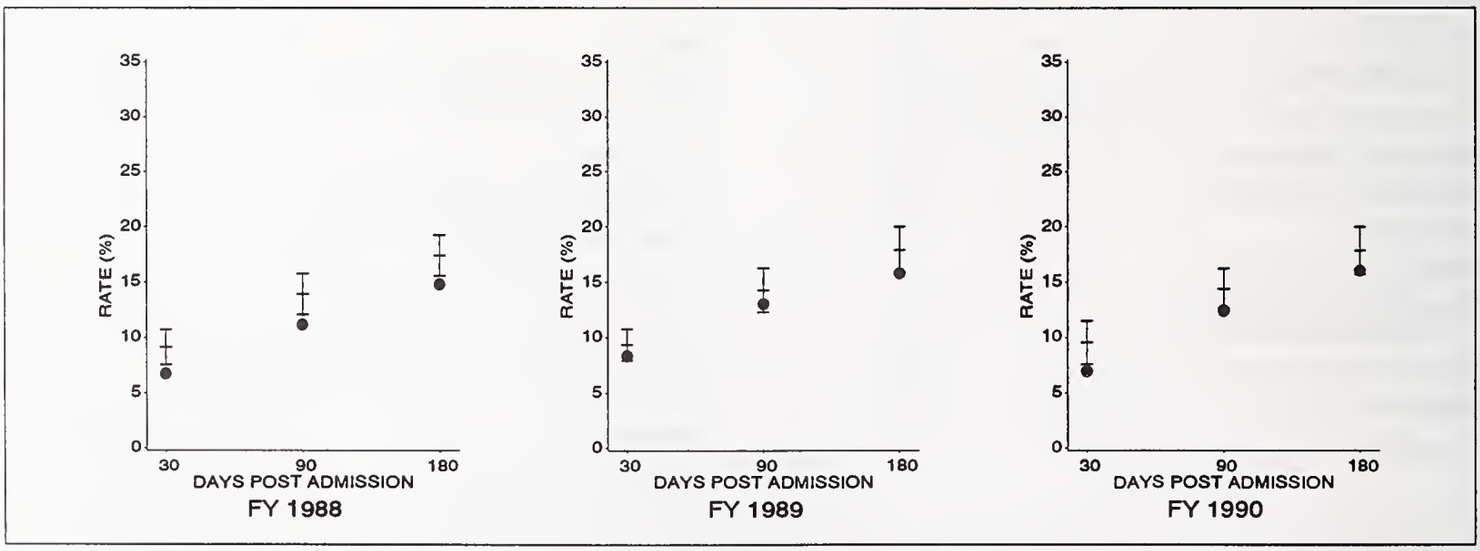
900 SETON DRIVE
CUMBERLAND, MD 21502
Medicare Provider Number: 210027

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	2501	6.9	9.5	1.0	12.4	14.4	0.9	16.0	17.8	1.1
CONDITIONS:										
Acute Myocardial Infarction	91	26.4	31.3	5.7	30.8	34.4	5.3	33.0	37.0	5.6
Congestive Heart Failure	151	10.6	14.6	4.2	24.5	22.8	3.5	29.8	28.9	3.7
Pneumonia/Influenza	92	16.3	19.0	6.1	25.0	26.2	6.8	29.3	30.5	6.1
Chronic Obstructive Pulmonary Disease	16	0.0	6.4	-----	6.3	12.5	-----	6.3	17.8	-----
Transient Cerebral Ischemia	23	0.0	2.0	-----	0.0	4.2	-----	4.3	6.4	-----
Stroke	89	15.7	23.0	5.4	19.1	30.2	6.4	23.6	34.0	7.5
Hip Fracture	38	0.0	7.5	-----	10.5	13.0	-----	21.1	16.8	-----
Sepsis	29	24.1	31.3	-----	41.4	40.3	-----	48.3	45.2	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	19	0.0	2.6	-----	10.5	4.8	-----	10.5	6.9	-----
Carotid Endarterectomy	10	0.0	2.0	-----	20.0	3.7	-----	20.0	5.4	-----
Hip Replacement/Reconstruction	50	0.0	2.5	-----	2.0	4.4	-----	6.0	5.9	-----
Open Reduction of Hip Fracture	15	0.0	6.1	-----	6.7	11.3	-----	26.7	15.4	-----
Prostatectomy	73	0.0	1.6	2.0	2.7	3.5	2.8	4.1	5.6	4.4
Cholecystectomy	56	7.1	4.6	3.5	8.9	8.4	3.8	8.9	10.7	4.5
Hysterectomy	5	0.0	0.2	-----	0.0	0.4	-----	0.0	0.8	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



SACRED HEART HOSPITAL
Medicare Provider Number: 210027

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	73.4 years
Proportion female	55.4 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	33.1 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	14.7 %
Admitted for emergency	65.1 %

COMORBIDITIES:

Cancer	8.0 %
Chronic cardiovascular disease	47.1 %
Chronic liver disease	1.0 %
Chronic renal disease	3.1 %
Chronic pulmonary disease	16.4 %
Cerebrovascular degeneration	6.1 %
Diabetes mellitus	8.8 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	66.5%
State	6.2%
Outside State	27.3%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	11.7 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	240
Occupancy Rate	84.0 %
Ownership/Control	Church
Medicare Discharges	45.1 %
Case Mix Index (CMI)	1.1968

STAFFING:

Total Number of Physicians	101
Percent of Physicians Board Certified Specialists	63.4 %
Medical Residents/Interns	0
Registered Nurses	202
Licensed Practical Nurses	41

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	Yes
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

*** Not used in calculating mortality rates**

SHADY GROVE ADVENTIST HOSPITAL

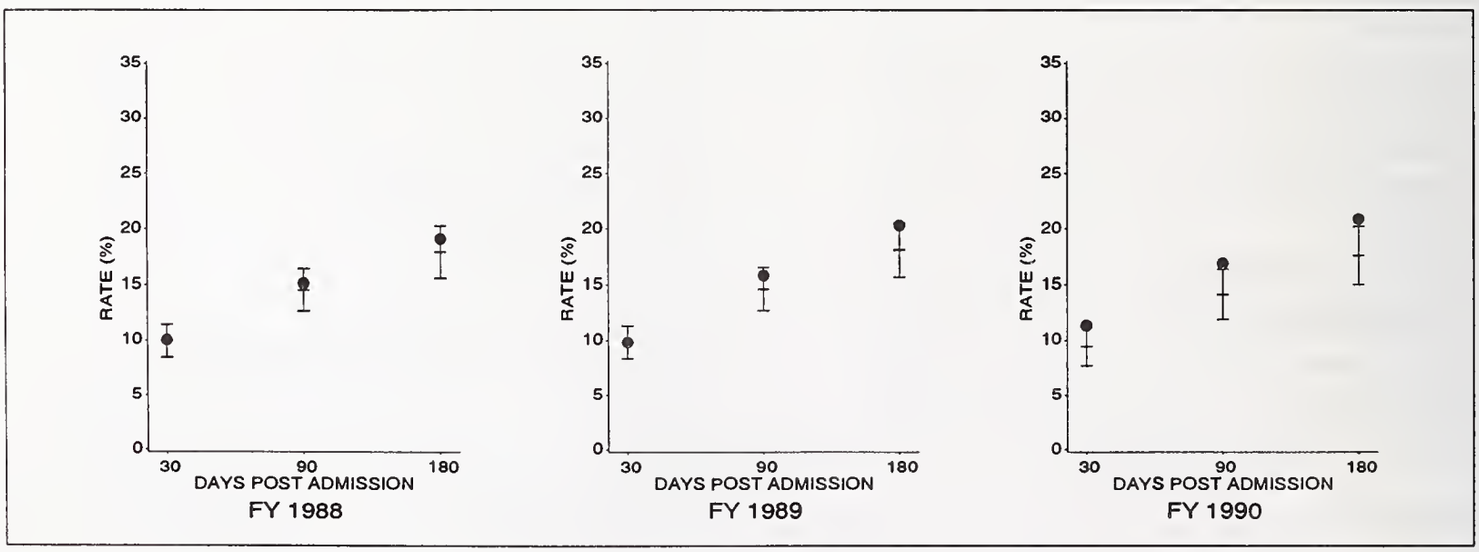
9901 MEDICAL CENTER DR
ROCKVILLE, MD 20850
Medicare Provider Number: 210057

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1767	11.3	9.4	0.9	16.9	14.1	1.1	20.9	17.6	1.3
CONDITIONS:										
Acute Myocardial Infarction	59	20.3	21.6	5.5	25.4	24.7	5.7	27.1	27.3	6.4
Congestive Heart Failure	76	18.4	15.1	6.3	26.3	23.9	6.5	35.5	30.1	7.4
Pneumonia/Influenza	84	20.2	15.8	6.5	23.8	21.5	8.0	31.0	25.3	8.6
Chronic Obstructive Pulmonary Disease	22	9.1	7.0	-----	18.2	12.1	-----	22.7	15.9	-----
Transient Cerebral Ischemia	15	0.0	1.2	-----	0.0	2.7	-----	6.7	4.5	-----
Stroke	68	23.5	20.4	5.6	32.4	26.7	7.4	33.8	30.4	7.4
Hip Fracture	90	4.4	5.6	3.1	7.8	10.3	3.9	12.2	13.8	3.9
Sepsis	31	32.3	24.7	-----	45.2	33.6	-----	45.2	38.2	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	13	0.0	3.0	-----	0.0	6.2	-----	0.0	9.5	-----
Carotid Endarterectomy	4	25.0	1.3	-----	25.0	2.6	-----	50.0	4.2	-----
Hip Replacement/Reconstruction	55	3.6	3.2	2.6	3.6	5.7	3.5	5.5	7.7	4.2
Open Reduction of Hip Fracture	48	6.3	5.3	-----	12.5	10.3	-----	14.6	13.9	-----
Prostatectomy	53	0.0	0.7	1.6	1.9	1.7	2.4	1.9	3.1	4.8
Cholecystectomy	22	4.5	2.1	-----	4.5	4.5	-----	4.5	6.3	-----
Hysterectomy	4	0.0	0.1	-----	0.0	0.1	-----	0.0	0.2	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



SHADY GROVE ADVENTIST HOSPITAL
Medicare Provider Number: 210057

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	75.6 years
Proportion female	60.2 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	35.7 %
Transferred from skilled nursing facility	0.8 %
Admitted for elective procedure	26.4 %
Admitted for emergency	60.2 %

COMORBIDITIES:

Cancer	6.7 %
Chronic cardiovascular disease	26.0 %
Chronic liver disease	0.7 %
Chronic renal disease	2.8 %
Chronic pulmonary disease	8.9 %
Cerebrovascular degeneration	5.5 %
Diabetes mellitus	6.2 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	83.0%
State	6.1%
Outside State	10.9%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	7.6 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	233
Occupancy Rate	80.0 %
Ownership/Control	Church
Medicare Discharges	18.5 %
Case Mix Index (CMI)	1.1699

STAFFING:

Total Number of Physicians	317
Percent of Physicians Board Certified Specialists	78.2 %
Medical Residents/Interns	0
Registered Nurses	506
Licensed Practical Nurses	0

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	Yes
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	Yes
Other Intensive Care	Yes
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

SINAI HOSPITAL

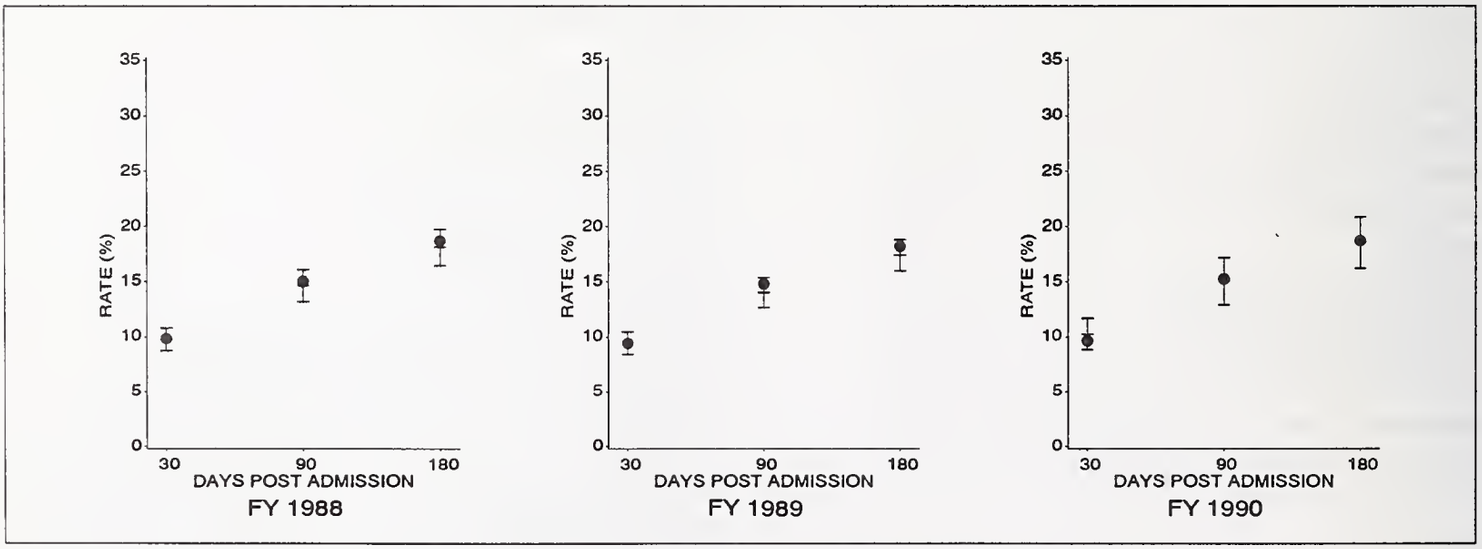
2401 WEST BELVEDERE AVE
BALTIMORE, MD 21215
Medicare Provider Number: 210012

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	3271	9.6	10.2	0.7	15.2	15.0	1.1	18.7	18.5	1.2
CONDITIONS:										
Acute Myocardial Infarction	120	21.7	29.4	8.6	26.7	33.0	8.8	30.0	36.0	8.3
Congestive Heart Failure	178	19.1	17.3	3.4	25.8	26.7	3.4	33.1	33.3	3.7
Pneumonia/Influenza	84	15.5	14.1	4.0	20.2	19.7	4.4	23.8	23.3	4.9
Chronic Obstructive Pulmonary Disease	30	13.3	8.3	-----	20.0	14.6	-----	20.0	19.2	-----
Transient Cerebral Ischemia	49	6.1	2.8	-----	10.2	5.6	-----	10.2	8.3	-----
Stroke	114	17.5	20.5	5.4	25.4	27.8	6.3	28.1	31.7	6.8
Hip Fracture	83	2.4	6.0	3.9	9.6	10.7	4.6	14.5	13.9	4.2
Sepsis	39	53.8	24.6	-----	59.0	32.5	-----	61.5	37.0	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	1	0.0	15.1	-----	0.0	23.7	-----	0.0	25.8	-----
Initial Pacemaker Insertion	26	3.8	5.3	-----	19.2	9.1	-----	19.2	12.3	-----
Carotid Endarterectomy	5	0.0	1.2	-----	0.0	2.2	-----	0.0	3.4	-----
Hip Replacement/Reconstruction	21	0.0	5.5	-----	4.8	11.3	-----	9.5	15.9	-----
Open Reduction of Hip Fracture	41	2.4	5.3	-----	4.9	9.7	-----	12.2	12.7	-----
Prostatectomy	94	0.0	0.7	1.0	0.0	1.6	1.9	1.1	2.7	2.2
Cholecystectomy	35	0.0	1.9	-----	0.0	3.5	-----	8.6	4.7	-----
Hysterectomy	22	0.0	0.5	-----	0.0	1.2	-----	0.0	2.1	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



SINAI HOSPITAL
Medicare Provider Number: 210012

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	75.4 years
Proportion female	57.0 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	31.3 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	26.3 %
Admitted for emergency	64.5 %

COMORBIDITIES:

Cancer	6.8 %
Chronic cardiovascular disease	30.9 %
Chronic liver disease	0.7 %
Chronic renal disease	4.7 %
Chronic pulmonary disease	7.2 %
Cerebrovascular degeneration	3.5 %
Diabetes mellitus	7.7 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	66.5%
State	30.6%
Outside State	2.9%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	10.3 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	479
Occupancy Rate	86.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	34.1 %
Case Mix Index (CMI)	1.3000

STAFFING:

Total Number of Physicians	617
Percent of Physicians Board Certified Specialists	79.4 %
Medical Residents/Interns	103
Registered Nurses	611
Licensed Practical Nurses	55

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	Yes

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	Yes
Psychiatric	Yes
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

SOUTHERN MARYLAND HOSPITAL

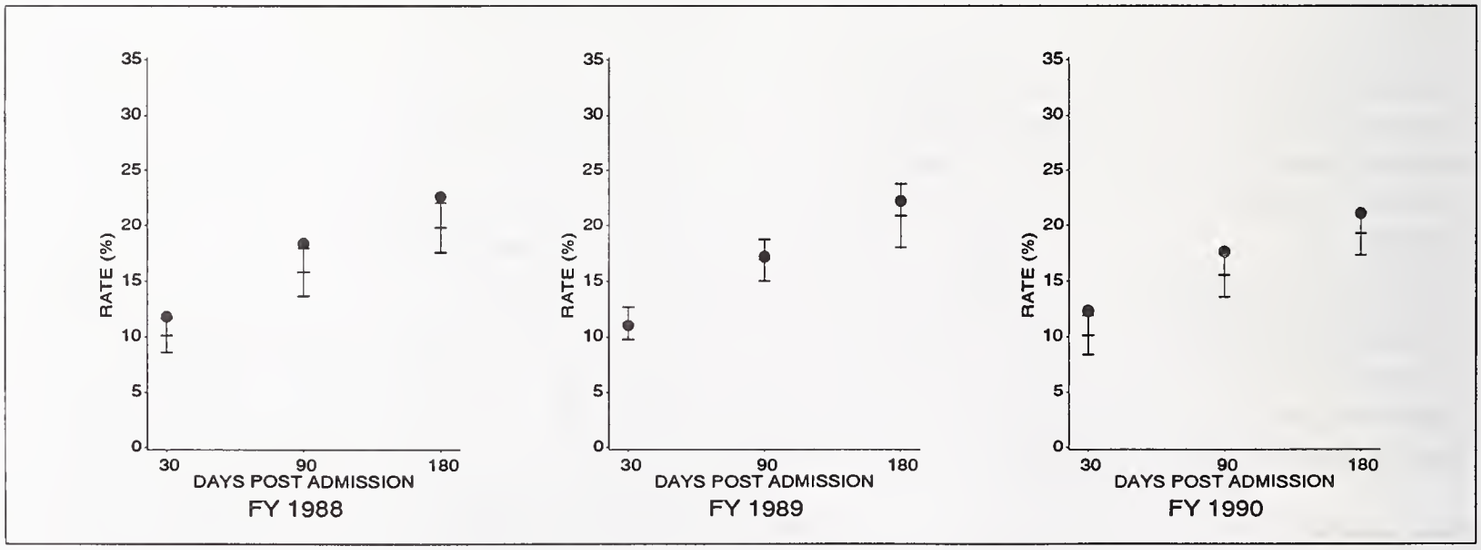
7503 SURRATTS RD
CLINTON, MD 20735
Medicare Provider Number: 210054

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	2053	12.3	10.1	0.9	17.6	15.5	1.0	21.1	19.3	1.0
CONDITIONS:										
Acute Myocardial Infarction	54	40.7	26.8	9.8	42.6	29.5	9.6	46.3	32.1	9.6
Congestive Heart Failure	129	17.1	14.9	4.2	25.6	23.7	4.2	31.0	29.9	4.2
Pneumonia/Influenza	97	16.5	17.3	4.4	25.8	23.7	4.7	29.9	28.0	4.9
Chronic Obstructive Pulmonary Disease	25	20.0	11.3	-----	24.0	19.0	-----	32.0	24.2	-----
Transient Cerebral Ischemia	51	2.0	2.1	2.9	9.8	4.5	4.5	15.7	7.2	6.7
Stroke	84	29.8	19.6	7.8	35.7	26.7	8.6	38.1	30.6	9.0
Hip Fracture	48	10.4	7.5	-----	16.7	13.6	-----	25.0	17.7	-----
Sepsis	32	18.8	26.8	-----	28.1	36.0	-----	43.8	41.6	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	18	11.1	3.6	-----	16.7	7.3	-----	16.7	10.7	-----
Carotid Endarterectomy	21	9.5	1.3	-----	9.5	2.4	-----	9.5	3.5	-----
Hip Replacement/Reconstruction	24	16.7	4.2	-----	20.8	7.8	-----	25.0	10.3	-----
Open Reduction of Hip Fracture	21	9.5	7.0	-----	14.3	12.9	-----	19.0	17.4	-----
Prostatectomy	36	0.0	1.1	-----	0.0	2.4	-----	2.8	3.8	-----
Cholecystectomy	32	3.1	2.1	-----	6.3	3.9	-----	6.3	5.3	-----
Hysterectomy	9	0.0	0.9	-----	0.0	1.8	-----	0.0	2.9	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



SOUTHERN MARYLAND HOSPITAL

Medicare Provider Number: 210054

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	73.4 years
Proportion female	58.4 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	15.7 %
Transferred from skilled nursing facility	9.2 %
Admitted for elective procedure	10.0 %
Admitted for emergency	60.6 %

COMORBIDITIES:

Cancer	7.5 %
Chronic cardiovascular disease	33.0 %
Chronic liver disease	1.4 %
Chronic renal disease	3.6 %
Chronic pulmonary disease	17.6 %
Cerebrovascular degeneration	6.0 %
Diabetes mellitus	9.8 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	0.0%
State	89.1%
Outside State	10.9%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	10.8 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1989

PROFILE:

Total Beds	308
Occupancy Rate	75.0 %
Ownership/Control	Private, For Profit
Medicare Discharges	26.5 %
Case Mix Index (CMI)	1.2273

STAFFING:

Total Number of Physicians	211
Percent of Physicians Board Certified Specialists	70.1 %
Medical Residents/Interns	0
Registered Nurses	168
Licensed Practical Nurses	47

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	Yes

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

ST AGNES HOSPITAL

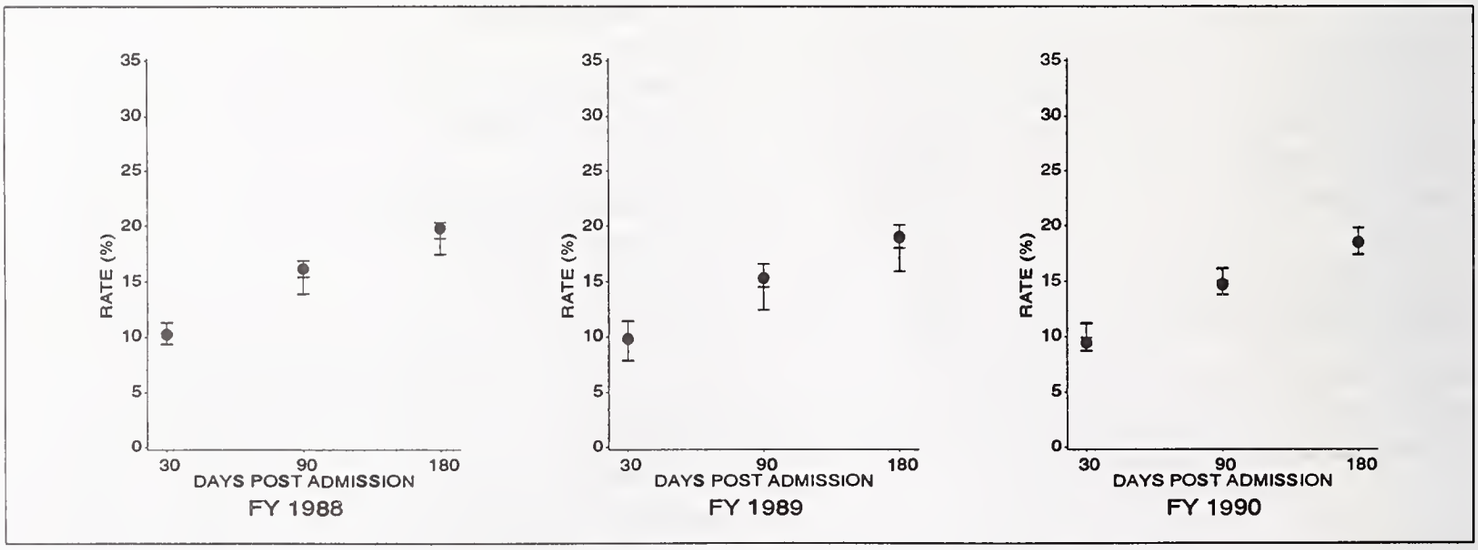
WILKENS & CATON AVENUES
BALTIMORE, MD 21229
Medicare Provider Number: 210011

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	4267	9.4	9.9	0.6	14.7	15.0	0.6	18.5	18.6	0.6
CONDITIONS:										
Acute Myocardial Infarction	135	18.5	27.1	6.4	21.5	29.7	6.4	24.4	32.3	6.3
Congestive Heart Failure	294	12.9	13.8	2.1	21.1	21.9	3.3	26.5	27.7	3.1
Pneumonia/Influenza	206	13.6	15.7	4.8	19.4	21.4	4.8	23.3	25.3	4.9
Chronic Obstructive Pulmonary Disease	54	13.0	10.3	4.7	18.5	17.5	5.6	25.9	22.5	6.4
Transient Cerebral Ischemia	59	0.0	1.3	2.1	1.7	3.0	3.6	3.4	4.8	5.1
Stroke	192	21.9	20.8	3.6	29.2	26.9	4.5	32.3	30.5	4.5
Hip Fracture	102	4.9	7.4	3.4	14.7	13.0	3.9	16.7	16.6	3.7
Sepsis	52	42.3	29.1	10.5	55.8	36.1	9.7	59.6	40.4	9.7
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	16	6.3	3.0	-----	12.5	5.9	-----	18.8	8.6	-----
Carotid Endarterectomy	13	0.0	1.4	-----	0.0	2.9	-----	0.0	4.4	-----
Hip Replacement/Reconstruction	47	2.1	4.1	-----	8.5	7.6	-----	10.6	10.3	-----
Open Reduction of Hip Fracture	52	5.8	6.1	3.4	13.5	10.9	4.9	15.4	14.3	5.0
Prostatectomy	166	0.0	1.1	1.9	1.8	2.5	2.8	4.8	4.1	3.0
Cholecystectomy	95	2.1	3.6	2.3	5.3	6.8	2.9	7.4	9.2	3.3
Hysterectomy	48	0.0	1.0	-----	0.0	2.4	-----	4.2	3.9	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



ST AGNES HOSPITAL
Medicare Provider Number: 210011

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.3 years
Proportion female	56.6 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	29.2 %
Transferred from skilled nursing facility	0.5 %
Admitted for elective procedure	20.3 %
Admitted for emergency	70.1 %

COMORBIDITIES:

Cancer	9.1 %
Chronic cardiovascular disease	33.5 %
Chronic liver disease	1.0 %
Chronic renal disease	4.4 %
Chronic pulmonary disease	12.7 %
Cerebrovascular degeneration	4.6 %
Diabetes mellitus	8.4 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	46.3%
State	52.1%
Outside State	1.6%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	10.0 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	403
Occupancy Rate	81.0 %
Ownership/Control	Church
Medicare Discharges	35.2 %
Case Mix Index (CMI)	1.2957

STAFFING:

Total Number of Physicians	463
Percent of Physicians Board Certified Specialists	70.0 %
Medical Residents/Interns	90
Registered Nurses	568
Licensed Practical Nurses	16

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	Yes
Hospice Care	Yes
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

* Not used in calculating mortality rates

ST JOSEPH HOSPITAL

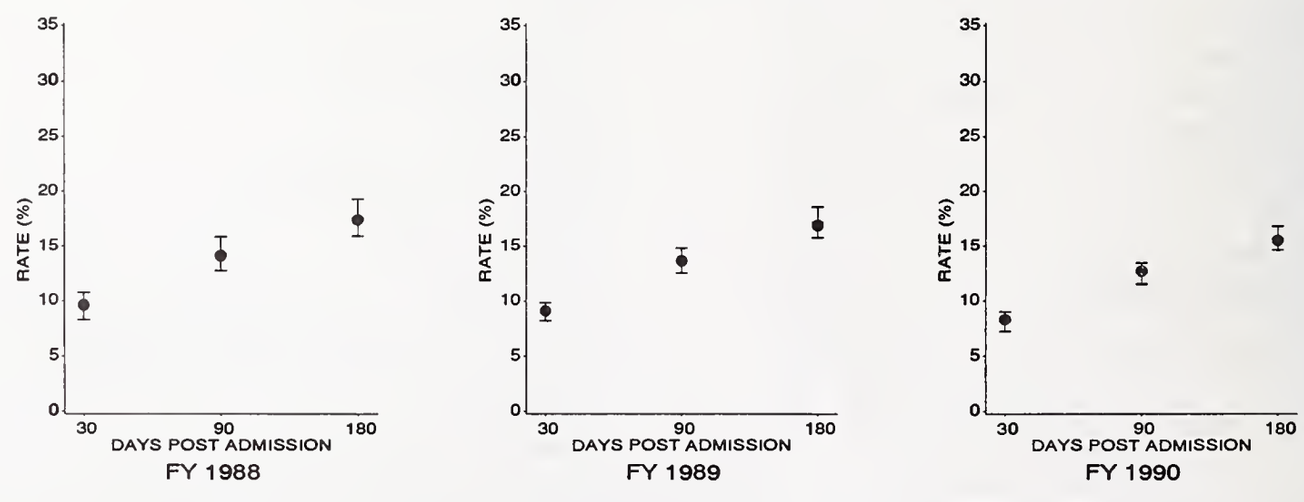
7620 YORK RD
BALTIMORE, MD 21204
Medicare Provider Number: 210007

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	5130	8.3	8.1	0.5	12.7	12.5	0.5	15.5	15.7	0.6
CONDITIONS:										
Acute Myocardial Infarction	167	19.2	24.2	4.1	22.2	27.3	4.2	24.6	30.1	4.5
Congestive Heart Failure	225	14.7	14.7	2.4	26.2	23.2	3.4	34.2	29.5	3.9
Pneumonia/Influenza	140	17.1	15.4	3.4	22.9	20.9	4.8	27.9	24.6	4.8
Chronic Obstructive Pulmonary Disease	59	13.6	10.3	5.0	20.3	17.2	5.7	23.7	21.9	5.9
Transient Cerebral Ischemia	106	1.9	1.6	2.1	5.7	3.6	2.5	7.5	5.9	2.6
Stroke	203	21.7	19.7	3.4	26.1	25.8	3.1	31.0	29.5	3.5
Hip Fracture	140	5.7	6.3	2.2	10.0	11.3	3.0	12.9	14.8	4.0
Sepsis	56	33.9	30.0	12.8	46.4	39.8	12.4	51.8	45.1	10.9
PROCEDURES:										
Angioplasty	83	1.2	2.6	2.4	1.2	3.8	3.1	1.2	4.8	3.7
Coronary Artery Bypass Graft	155	9.7	5.2	3.6	11.0	7.9	3.2	11.6	9.1	3.0
Initial Pacemaker Insertion	28	3.6	2.9	-----	3.6	5.9	-----	10.7	8.9	-----
Carotid Endarterectomy	20	10.0	1.2	-----	10.0	2.4	-----	10.0	3.6	-----
Hip Replacement/Reconstruction	92	1.1	3.2	2.6	2.2	6.0	4.2	5.4	8.2	4.6
Open Reduction of Hip Fracture	69	4.3	6.2	3.4	11.6	11.3	4.0	14.5	15.0	4.5
Prostatectomy	197	2.0	1.1	1.3	3.6	2.4	1.4	5.6	4.1	1.7
Cholecystectomy	132	2.3	2.2	1.3	3.8	4.2	1.8	4.5	5.8	2.3
Hysterectomy	54	3.7	1.2	3.1	7.4	2.8	5.1	7.4	4.2	3.8

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



ST JOSEPH HOSPITAL
Medicare Provider Number: 210007

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	75.0 years
Proportion female	58.4 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	46.6 %
Transferred from skilled nursing facility	1.5 %
Admitted for elective procedure	24.9 %
Admitted for emergency	61.4 %

COMORBIDITIES:

Cancer	7.5 %
Chronic cardiovascular disease	33.9 %
Chronic liver disease	0.8 %
Chronic renal disease	2.0 %
Chronic pulmonary disease	11.5 %
Cerebrovascular degeneration	4.5 %
Diabetes mellitus	5.5 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	59.9%
State	35.4%
Outside State	4.7%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	8.7 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	416
Occupancy Rate	81.0 %
Ownership/Control	Church
Medicare Discharges	39.8 %
Case Mix Index (CMI)	1.4025

STAFFING:

Total Number of Physicians	859
Percent of Physicians Board Certified Specialists	71.8 %
Medical Residents/Interns	0
Registered Nurses	540
Licensed Practical Nurses	6

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	No
Hospice Care	Yes
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

ST MARYS HOSPITAL

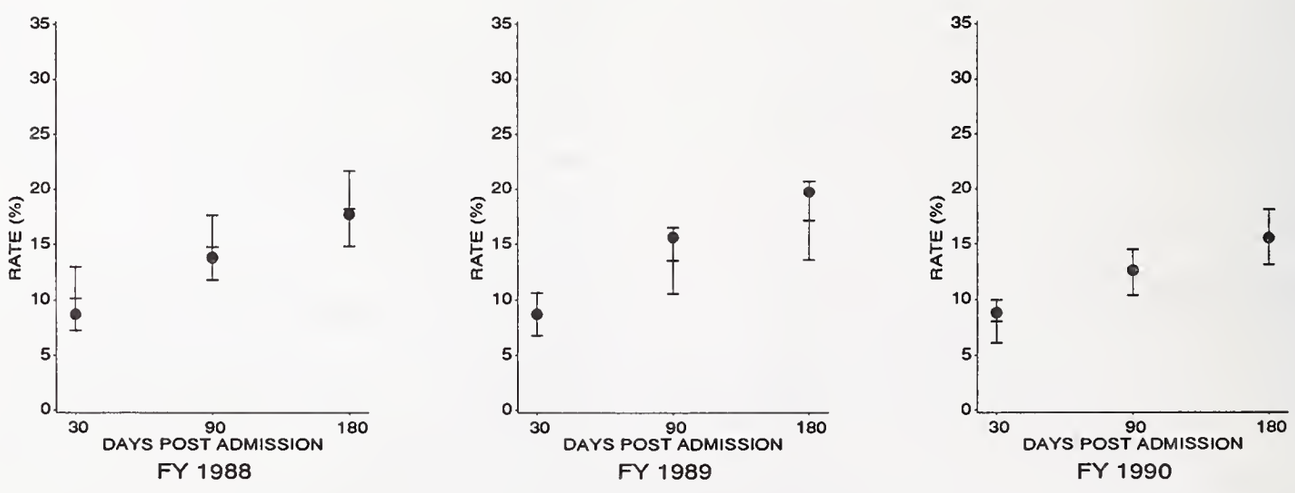
50 JEFFERSON ST
LEONARDTOWN, MD 20650
Medicare Provider Number: 210028

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1037	8.8	8.0	1.0	12.6	12.4	1.0	15.5	15.6	1.2
CONDITIONS:										
Acute Myocardial Infarction	32	21.9	18.6	-----	28.1	22.0	-----	28.1	24.9	-----
Congestive Heart Failure	44	15.9	14.8	-----	22.7	24.0	-----	31.8	30.7	-----
Pneumonia/Influenza	54	13.0	12.4	4.5	20.4	17.4	6.0	25.9	20.7	7.3
Chronic Obstructive Pulmonary Disease	38	5.3	7.9	-----	10.5	14.9	-----	13.2	20.0	-----
Transient Cerebral Ischemia	30	0.0	2.1	-----	3.3	4.9	-----	6.7	7.7	-----
Stroke	43	27.9	23.9	-----	32.6	31.3	-----	39.5	35.7	-----
Hip Fracture	14	0.0	5.6	-----	0.0	10.1	-----	14.3	13.1	-----
Sepsis	5	60.0	33.8	-----	60.0	40.1	-----	60.0	44.8	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	5	0.0	1.7	-----	0.0	3.4	-----	0.0	5.4	-----
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	12	0.0	5.3	-----	0.0	8.7	-----	8.3	11.1	-----
Open Reduction of Hip Fracture	4	0.0	5.4	-----	0.0	10.4	-----	25.0	13.9	-----
Prostatectomy	30	3.3	0.9	-----	3.3	2.2	-----	6.7	3.8	-----
Cholecystectomy	10	10.0	3.5	-----	20.0	7.4	-----	20.0	10.8	-----
Hysterectomy	7	0.0	0.3	-----	0.0	0.6	-----	0.0	1.0	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



ST MARYS HOSPITAL
Medicare Provider Number: 210028

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.2 years
Proportion female	53.3 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	98.5 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	13.0 %
Admitted for emergency	60.9 %

COMORBIDITIES:

Cancer	4.6 %
Chronic cardiovascular disease	28.8 %
Chronic liver disease	1.0 %
Chronic renal disease	1.9 %
Chronic pulmonary disease	13.7 %
Cerebrovascular degeneration	4.8 %
Diabetes mellitus	6.6 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	87.2%
State	8.7%
Outside State	4.1%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	7.8 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	107
Occupancy Rate	77.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	25.7 %
Case Mix Index (CMI)	0.9995

STAFFING:

Total Number of Physicians	43
Percent of Physicians Board Certified Specialists	81.4 %
Medical Residents/Interns	0
Registered Nurses	107
Licensed Practical Nurses	22

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	Yes
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

SUBURBAN HOSPITAL ASSOCIATION

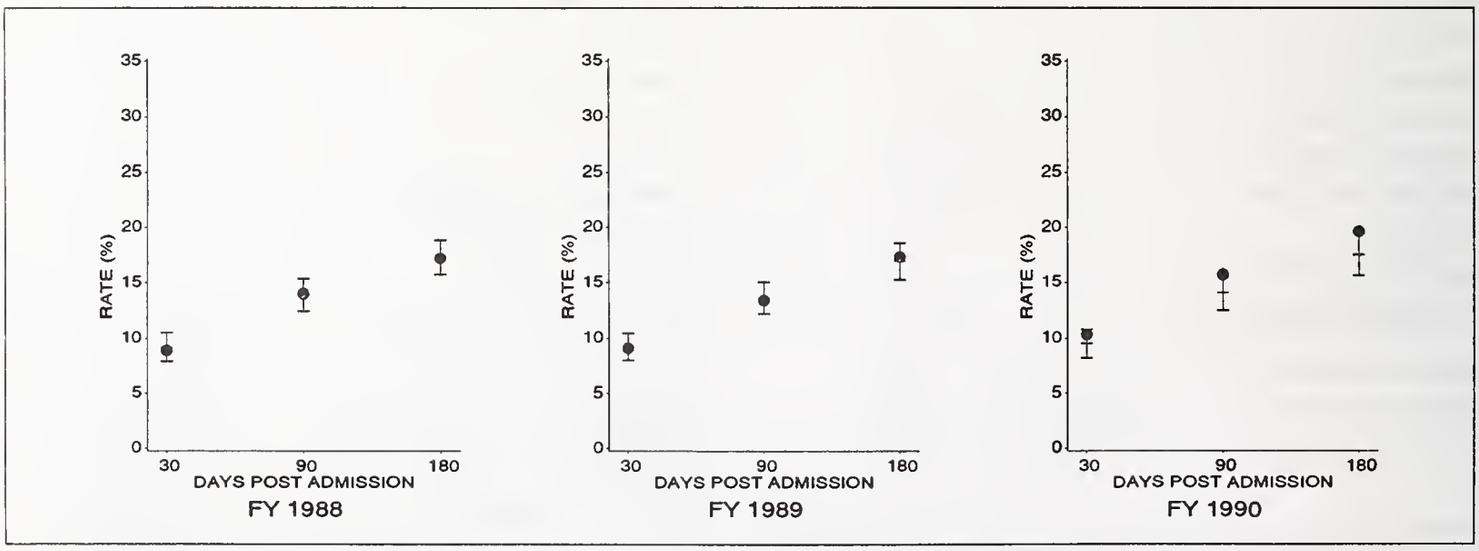
8600 OLD GEORGETOWN RD
BETHESDA, MD 20814
Medicare Provider Number: 210022

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	2643	10.3	9.5	0.7	15.7	14.1	0.8	19.6	17.5	0.9
CONDITIONS:										
Acute Myocardial Infarction	72	29.2	24.9	7.1	33.3	28.0	8.4	36.1	30.7	9.6
Congestive Heart Failure	123	22.0	16.9	4.1	38.2	26.1	5.9	44.7	32.7	6.3
Pneumonia/Influenza	111	21.6	19.4	4.3	29.7	26.4	4.9	35.1	30.7	6.0
Chronic Obstructive Pulmonary Disease	38	18.4	9.8	-----	28.9	16.6	-----	34.2	21.6	-----
Transient Cerebral Ischemia	26	7.7	1.7	-----	7.7	3.8	-----	11.5	6.3	-----
Stroke	105	27.6	22.6	5.2	37.1	30.2	6.8	41.9	34.1	7.4
Hip Fracture	93	2.2	7.0	5.0	10.8	12.5	4.6	15.1	16.2	4.2
Sepsis	35	17.1	25.8	-----	28.6	34.1	-----	40.0	38.6	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	10	10.0	4.4	-----	10.0	7.3	-----	30.0	10.2	-----
Carotid Endarterectomy	11	0.0	1.1	-----	9.1	2.1	-----	9.1	3.2	-----
Hip Replacement/Reconstruction	74	0.0	3.4	3.8	5.4	6.2	3.0	6.8	8.2	3.8
Open Reduction of Hip Fracture	42	2.4	6.6	-----	11.9	12.4	-----	16.7	16.4	-----
Prostatectomy	70	0.0	0.6	1.1	0.0	1.5	2.0	1.4	2.6	2.1
Cholecystectomy	45	2.2	1.9	-----	2.2	3.2	-----	2.2	4.0	-----
Hysterectomy	11	9.1	1.4	-----	9.1	3.4	-----	9.1	5.9	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



SUBURBAN HOSPITAL ASSOCIATION

Medicare Provider Number: 210022

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	76.3 years
Proportion female	59.4 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	38.5 %
Transferred from skilled nursing facility	0.6 %
Admitted for elective procedure	20.7 %
Admitted for emergency	60.4 %

COMORBIDITIES:

Cancer	6.5 %
Chronic cardiovascular disease	31.6 %
Chronic liver disease	1.1 %
Chronic renal disease	2.5 %
Chronic pulmonary disease	13.5 %
Cerebrovascular degeneration	5.0 %
Diabetes mellitus	7.0 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	82.4%
State	4.6%
Outside State	13.0%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	9.2 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	304
Occupancy Rate	78.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	(Not Available)
Case Mix Index (CMI)	1.2308

STAFFING:

Total Number of Physicians	311
Percent of Physicians Board Certified Specialists	84.6 %
Medical Residents/Interns	0
Registered Nurses	254
Licensed Practical Nurses	13

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	Yes
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	Yes

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	Yes
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	Yes

** Except for CMI

* Not used in calculating mortality rates

UNION HOSPITAL-CECIL COUNTY

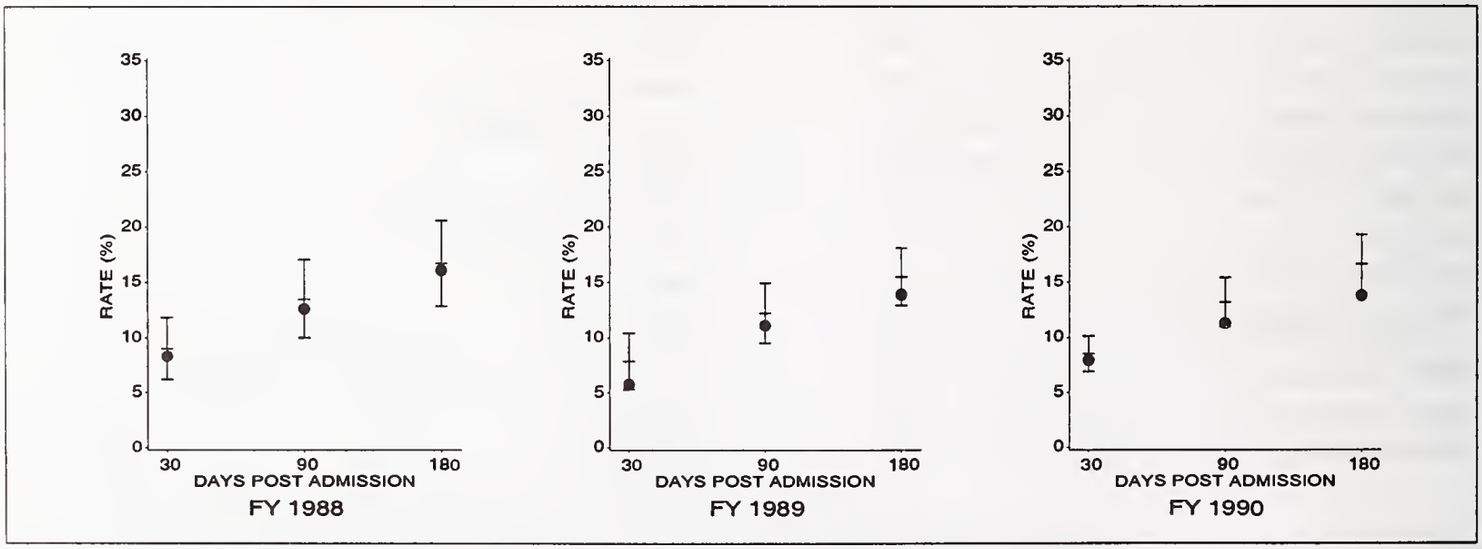
106 SINGERLY AVENUE
ELKTON, MD 21921
Medicare Provider Number: 210032

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1285	7.9	8.5	0.8	11.3	13.2	1.1	13.8	16.6	1.3
CONDITIONS:										
Acute Myocardial Infarction	45	20.0	25.3	-----	22.2	28.3	-----	22.2	30.9	-----
Congestive Heart Failure	91	11.0	13.7	4.4	20.9	22.2	4.7	22.0	28.5	5.7
Pneumonia/Influenza	97	12.4	14.9	3.7	13.4	20.2	4.5	14.4	23.7	5.0
Chronic Obstructive Pulmonary Disease	37	5.4	9.1	-----	16.2	16.0	-----	18.9	21.1	-----
Transient Cerebral Ischemia	20	0.0	1.6	-----	0.0	3.5	-----	0.0	5.5	-----
Stroke	48	25.0	19.6	-----	29.2	26.7	-----	35.4	30.9	-----
Hip Fracture	27	7.4	6.5	-----	11.1	11.7	-----	11.1	15.4	-----
Sepsis	13	38.5	20.0	-----	46.2	27.6	-----	46.2	31.7	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	5	0.0	3.5	-----	0.0	6.6	-----	0.0	9.3	-----
Carotid Endarterectomy	3	0.0	2.0	-----	0.0	3.6	-----	0.0	5.0	-----
Hip Replacement/Reconstruction	14	14.3	2.6	-----	14.3	5.0	-----	14.3	7.0	-----
Open Reduction of Hip Fracture	15	6.7	6.3	-----	13.3	11.3	-----	13.3	15.0	-----
Prostatectomy	59	3.4	1.2	2.7	3.4	2.8	2.3	5.1	4.7	3.0
Cholecystectomy	23	8.7	2.3	-----	8.7	4.1	-----	8.7	5.5	-----
Hysterectomy	6	0.0	0.3	-----	0.0	0.8	-----	0.0	1.3	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



UNION HOSPITAL-CECIL COUNTY

Medicare Provider Number: 210032

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	73.7 years
Proportion female	58.6 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	48.2 %
Transferred from skilled nursing facility	7.7 %
Admitted for elective procedure	0.0 %
Admitted for emergency	64.2 %

COMORBIDITIES:

Cancer	5.2 %
Chronic cardiovascular disease	33.9 %
Chronic liver disease	0.9 %
Chronic renal disease	2.0 %
Chronic pulmonary disease	17.0 %
Cerebrovascular degeneration	3.0 %
Diabetes mellitus	8.3 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	75.4%
State	5.8%
Outside State	18.8%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	6.7 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	139
Occupancy Rate	59.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	34.5 %
Case Mix Index (CMI)	1.1443

STAFFING:

Total Number of Physicians	109
Percent of Physicians Board Certified Specialists	65.1 %
Medical Residents/Interns	0
Registered Nurses	147
Licensed Practical Nurses	45

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	Yes
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	No

** Except for CMI

*** Not used in calculating mortality rates**

UNION MEMORIAL HOSPITAL

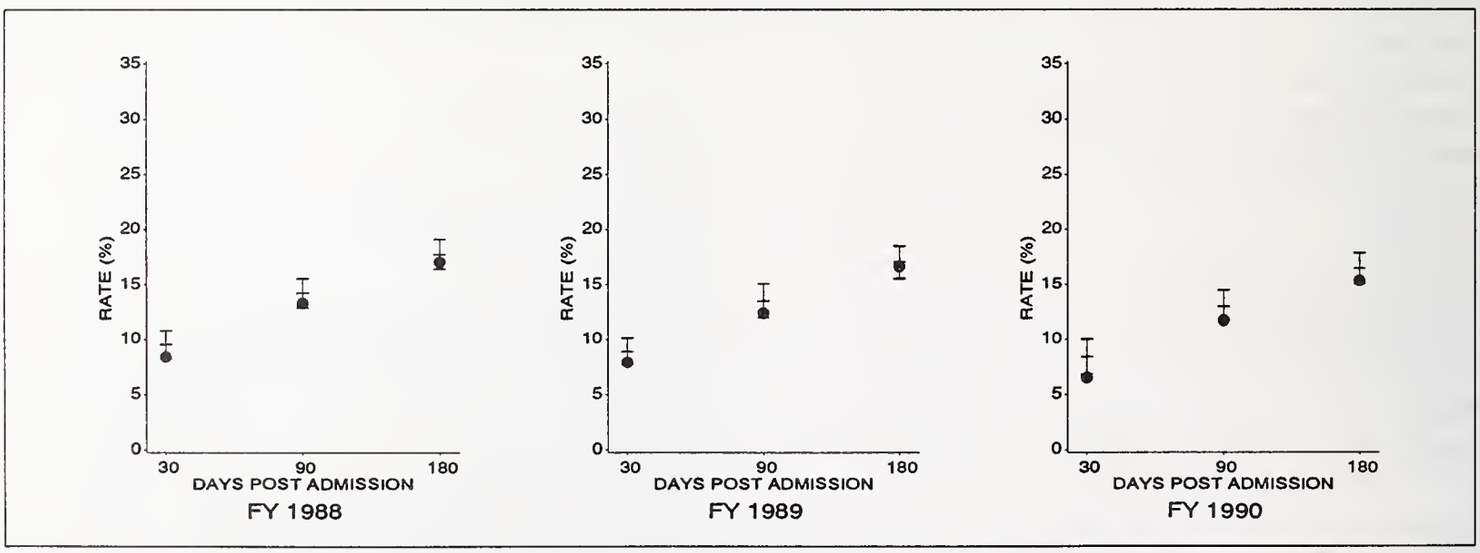
201 E UNIVERSITY PKY
BALTIMORE, MD 21218
Medicare Provider Number: 210024

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	3681	6.5	8.4	0.8	11.7	13.0	0.7	15.3	16.4	0.7
CONDITIONS:										
Acute Myocardial Infarction	95	20.0	27.4	7.1	21.1	31.2	7.7	25.3	34.3	7.8
Congestive Heart Failure	166	10.8	14.4	4.7	17.5	23.1	5.8	24.7	29.2	6.3
Pneumonia/Influenza	148	12.8	16.2	3.3	17.6	22.3	4.1	22.3	26.1	4.0
Chronic Obstructive Pulmonary Disease	32	15.6	8.6	-----	21.9	15.1	-----	25.0	20.1	-----
Transient Cerebral Ischemia	56	3.6	1.8	2.4	5.4	4.1	4.6	7.1	6.5	6.4
Stroke	142	11.3	18.0	4.5	14.1	24.5	5.6	18.3	28.1	5.7
Hip Fracture	101	5.9	7.7	3.3	15.8	13.9	4.6	21.8	18.0	6.9
Sepsis	42	16.7	20.9	-----	28.6	28.7	-----	33.3	33.3	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	22	4.5	4.2	-----	13.6	7.6	-----	13.6	10.6	-----
Carotid Endarterectomy	11	0.0	0.9	-----	0.0	1.8	-----	0.0	2.7	-----
Hip Replacement/Reconstruction	53	1.9	3.8	3.2	5.7	7.0	3.7	7.5	9.3	4.3
Open Reduction of Hip Fracture	58	1.7	6.2	4.9	12.1	11.6	4.6	17.2	15.6	5.0
Prostatectomy	125	1.6	1.1	1.0	4.0	2.7	1.8	4.8	4.7	2.7
Cholecystectomy	36	5.6	3.0	-----	5.6	5.8	-----	5.6	8.2	-----
Hysterectomy	21	4.8	1.1	-----	9.5	2.7	-----	9.5	4.2	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



UNION MEMORIAL HOSPITAL

Medicare Provider Number: 210024

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.8 years
Proportion female	58.7 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	38.8 %
Transferred from skilled nursing facility	0.5 %
Admitted for elective procedure	28.7 %
Admitted for emergency	60.7 %

COMORBIDITIES:

Cancer	7.4 %
Chronic cardiovascular disease	25.9 %
Chronic liver disease	0.5 %
Chronic renal disease	3.6 %
Chronic pulmonary disease	10.9 %
Cerebrovascular degeneration	4.4 %
Diabetes mellitus	9.3 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	67.1%
State	29.7%
Outside State	3.2%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	9.2 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	381
Occupancy Rate	78.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	37.2 %
Case Mix Index (CMI)	1.2526

STAFFING:

Total Number of Physicians	396
Percent of Physicians Board Certified Specialists	70.2 %
Medical Residents/Interns	77
Registered Nurses	290
Licensed Practical Nurses	70

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	No
Hospice Care	Yes
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	Yes

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	No
Medicare Swing Beds	Yes

*** Not used in calculating mortality rates**

UNVERSITY OF MARYLAND MEDICAL SYSTEM

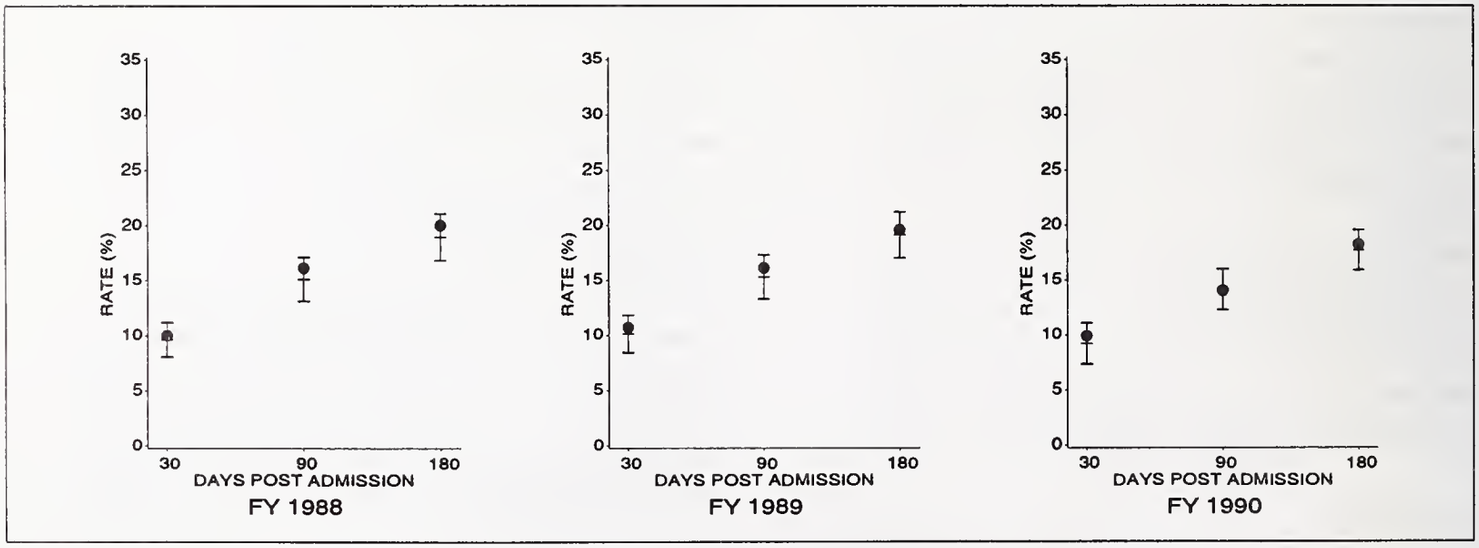
22 S GREENE ST
BALTIMORE, MD 21201
Medicare Provider Number: 210002

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	2252	9.9	9.2	0.9	14.0	14.1	0.9	18.2	17.7	0.9
CONDITIONS:										
Acute Myocardial Infarction	38	31.6	29.1	-----	31.6	31.5	-----	34.2	34.0	-----
Congestive Heart Failure	67	10.4	12.8	4.6	23.9	21.3	5.5	28.4	27.3	6.0
Pneumonia/Influenza	45	22.2	15.0	-----	24.4	20.3	-----	26.7	24.3	-----
Chronic Obstructive Pulmonary Disease	24	0.0	8.6	-----	0.0	14.7	-----	4.2	19.4	-----
Transient Cerebral Ischemia	14	0.0	1.4	-----	0.0	3.3	-----	0.0	5.3	-----
Stroke	64	23.4	21.0	5.5	26.6	26.2	5.6	29.7	29.5	5.7
Hip Fracture	9	0.0	6.8	-----	11.1	11.6	-----	11.1	14.5	-----
Sepsis	12	33.3	26.2	-----	33.3	35.7	-----	41.7	40.3	-----
PROCEDURES:										
Angioplasty	75	1.3	3.2	2.9	2.7	4.3	3.2	5.3	5.4	3.1
Coronary Artery Bypass Graft	121	9.1	6.1	3.2	11.6	8.9	3.2	14.9	10.1	3.8
Initial Pacemaker Insertion	7	14.3	1.9	-----	14.3	4.0	-----	14.3	6.0	-----
Carotid Endarterectomy	3	0.0	2.7	-----	0.0	5.7	-----	0.0	8.9	-----
Hip Replacement/Reconstruction	4	0.0	2.8	-----	0.0	5.8	-----	0.0	8.4	-----
Open Reduction of Hip Fracture	4	0.0	5.2	-----	0.0	8.9	-----	0.0	11.2	-----
Prostatectomy	42	0.0	1.0	-----	0.0	2.5	-----	0.0	4.4	-----
Cholecystectomy	30	6.7	3.4	-----	10.0	6.3	-----	10.0	8.5	-----
Hysterectomy	20	5.0	0.8	-----	5.0	2.0	-----	5.0	3.4	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



UNVERSITY OF MARYLAND MEDICAL SYSTEM

Medicare Provider Number: 210002

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	67.8 years
Proportion female	46.9 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	29.8 %
Transferred from skilled nursing facility	0.0 %
Admitted for elective procedure	24.6 %
Admitted for emergency	60.2 %

COMORBIDITIES:

Cancer	9.9 %
Chronic cardiovascular disease	29.5 %
Chronic liver disease	0.6 %
Chronic renal disease	8.7 %
Chronic pulmonary disease	7.3 %
Cerebrovascular degeneration	3.9 %
Diabetes mellitus	10.0 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	56.6%
State	38.9%
Outside State	4.5%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	10.5 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	711
Occupancy Rate	79.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	17.3 %
Case Mix Index (CMI)	1.6951

STAFFING:

Total Number of Physicians	616
Percent of Physicians Board Certified Specialists	86.9 %
Medical Residents/Interns	344
Registered Nurses	1216
Licensed Practical Nurses	0

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	Yes
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	Yes
Other Intensive Care	Yes
Trauma Center	Yes

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

*** Not used in calculating mortality rates**

WASHINGTON ADVENTIST HOSPITAL

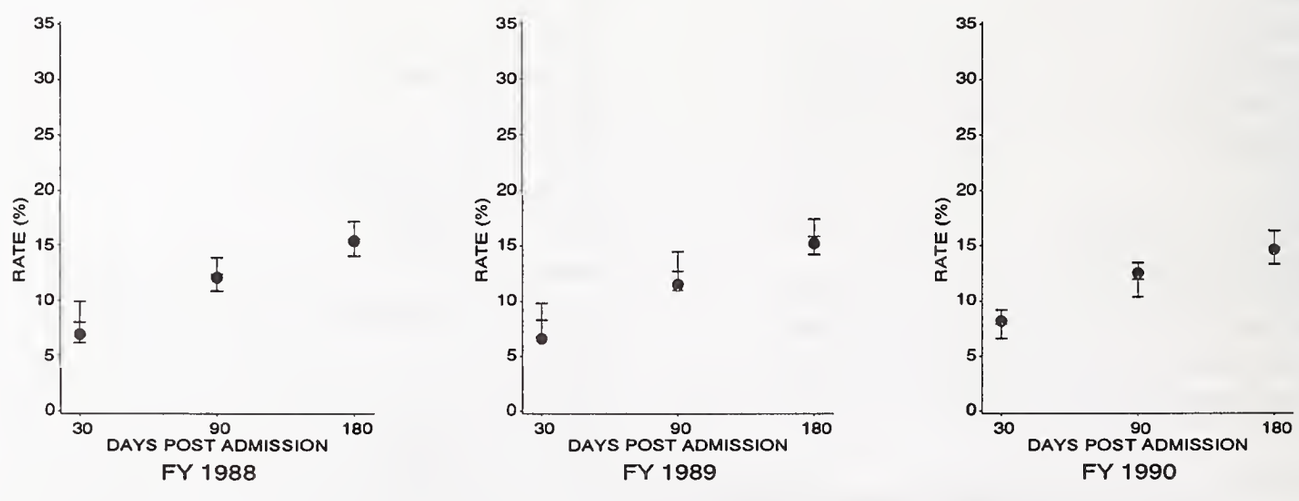
7600 CARROLL AVE
TAKOMA PARK, MD 20912
Medicare Provider Number: 210016

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	2238	8.2	7.9	0.6	12.5	11.9	0.8	14.6	14.8	0.8
CONDITIONS:										
Acute Myocardial Infarction	38	34.2	26.8	-----	36.8	29.8	-----	39.5	32.5	-----
Congestive Heart Failure	75	13.3	15.9	6.9	20.0	24.8	9.0	25.3	30.8	9.6
Pneumonia/Influenza	64	20.3	16.8	6.7	28.1	23.2	7.4	29.7	27.0	7.8
Chronic Obstructive Pulmonary Disease	28	7.1	8.8	-----	21.4	15.1	-----	25.0	19.6	-----
Transient Cerebral Ischemia	26	7.7	2.0	-----	11.5	4.4	-----	11.5	7.0	-----
Stroke	82	17.1	19.3	6.0	20.7	25.5	8.1	23.2	29.1	9.5
Hip Fracture	46	4.3	6.5	-----	4.3	11.4	-----	10.9	14.8	-----
Sepsis	21	42.9	26.4	-----	52.4	34.1	-----	57.1	38.6	-----
PROCEDURES:										
Angioplasty	161	3.7	1.9	1.4	6.2	2.8	1.7	7.5	3.7	1.8
Coronary Artery Bypass Graft	136	2.2	6.0	2.5	5.9	8.9	2.9	7.4	10.2	2.9
Initial Pacemaker Insertion	19	0.0	2.2	-----	5.3	4.9	-----	5.3	7.8	-----
Carotid Endarterectomy	10	10.0	2.9	-----	10.0	5.1	-----	10.0	7.4	-----
Hip Replacement/Reconstruction	22	0.0	3.1	-----	0.0	5.8	-----	0.0	7.8	-----
Open Reduction of Hip Fracture	32	6.3	6.3	-----	6.3	11.3	-----	15.6	14.8	-----
Prostatectomy	48	4.2	1.0	-----	12.5	2.3	-----	12.5	3.9	-----
Cholecystectomy	35	2.9	2.5	-----	8.6	4.5	-----	8.6	5.9	-----
Hysterectomy	21	0.0	0.8	-----	0.0	1.8	-----	0.0	3.0	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



WASHINGTON ADVENTIST HOSPITAL
Medicare Provider Number: 210016

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	72.8 years
Proportion female	54.9 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	46.2 %
Transferred from skilled nursing facility	2.9 %
Admitted for elective procedure	26.6 %
Admitted for emergency	33.1 %

COMORBIDITIES:

Cancer	5.0 %
Chronic cardiovascular disease	44.2 %
Chronic liver disease	0.7 %
Chronic renal disease	2.3 %
Chronic pulmonary disease	12.9 %
Cerebrovascular degeneration	3.0 %
Diabetes mellitus	8.5 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	0.3%
State	86.6%
Outside State	13.1%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	10.0 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	300
Occupancy Rate	81.0 %
Ownership/Control	Church
Medicare Discharges	28.1 %
Case Mix Index (CMI)	1.6333

STAFFING:

Total Number of Physicians	238
Percent of Physicians Board Certified Specialists	85.3 %
Medical Residents/Interns	0
Registered Nurses	483
Licensed Practical Nurses	26

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	Yes
Comprehensive Geriatric	No
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	No

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	Yes
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	No

*** Not used in calculating mortality rates**

WASHINGTON COUNTY HOSPITAL

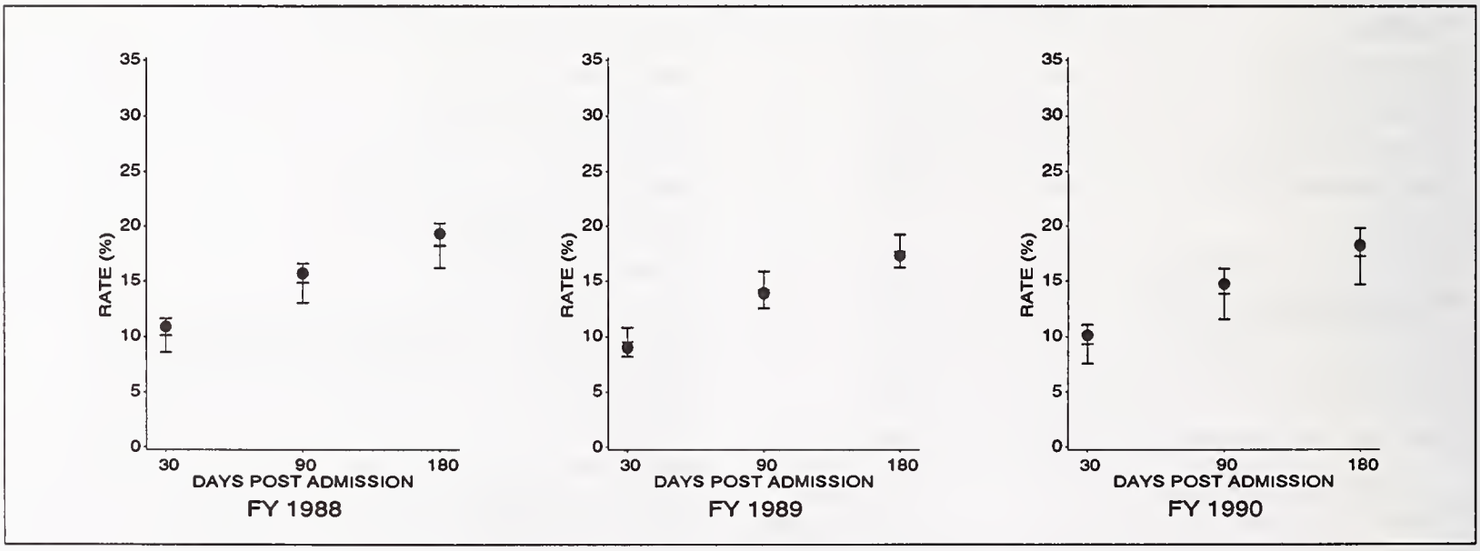
KING & ANTIETAM STS
HAGERSTOWN, MD 21740
Medicare Provider Number: 210001

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	3351	10.1	9.3	0.9	14.7	13.8	1.1	18.2	17.2	1.3
CONDITIONS:										
Acute Myocardial Infarction	166	28.9	24.2	4.1	35.5	27.5	5.3	40.4	30.4	6.0
Congestive Heart Failure	160	15.0	13.8	4.0	25.6	21.9	5.8	35.6	27.9	7.3
Pneumonia/Influenza	196	14.8	15.9	4.0	18.9	21.7	5.4	22.4	25.6	5.2
Chronic Obstructive Pulmonary Disease	81	7.4	5.3	3.3	9.9	9.5	3.7	11.1	13.0	4.1
Transient Cerebral Ischemia	54	1.9	2.0	2.5	3.7	4.5	3.7	3.7	7.4	4.7
Stroke	140	25.7	20.4	5.5	30.7	27.6	5.4	33.6	31.6	4.7
Hip Fracture	86	10.5	7.0	4.3	16.3	12.3	5.0	16.3	16.0	4.7
Sepsis	17	5.9	23.5	-----	17.6	33.2	-----	29.4	38.5	-----
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	19	5.3	4.5	-----	5.3	8.0	-----	5.3	11.2	-----
Carotid Endarterectomy	60	1.7	1.5	1.8	3.3	2.8	2.2	6.7	4.1	3.4
Hip Replacement/Reconstruction	54	1.9	2.4	2.3	5.6	4.5	3.0	7.4	6.1	3.5
Open Reduction of Hip Fracture	28	14.3	7.1	-----	21.4	13.0	-----	21.4	17.0	-----
Prostatectomy	142	1.4	1.0	0.9	2.1	2.2	2.0	4.9	3.8	2.4
Cholecystectomy	92	3.3	2.5	1.9	5.4	4.5	2.3	5.4	5.9	2.5
Hysterectomy	25	0.0	0.3	-----	0.0	0.8	-----	0.0	1.2	-----

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

OBSERVED MORTALITY RATE (•) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



WASHINGTON COUNTY HOSPITAL
Medicare Provider Number: 210001

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.0 years
Proportion female	55.9 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	36.4 %
Transferred from skilled nursing facility	1.0 %
Admitted for elective procedure	21.1 %
Admitted for emergency	58.9 %

COMORBIDITIES:

Cancer	7.8 %
Chronic cardiovascular disease	34.5 %
Chronic liver disease	0.6 %
Chronic renal disease	4.0 %
Chronic pulmonary disease	18.3 %
Cerebrovascular degeneration	3.3 %
Diabetes mellitus	9.6 %

ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS*

ORIGIN OF MEDICARE PATIENT ADMISSION:

County/City	81.3%
State	5.5%
Outside State	13.2%
Total	100.0%

MEDICARE AVERAGE LENGTH OF STAY:

Hospital	8.0 Days
State	9.5 Days
National	8.6 Days

HOSPITAL CHARACTERISTICS*

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990

PROFILE:

Total Beds	312
Occupancy Rate	72.0 %
Ownership.Control	Private, Non-Profit
Medicare Discharges	40.2 %
Case Mix Index (CMI)	1.2826

STAFFING:

Total Number of Physicians	180
Percent of Physicians Board Certified Specialists	70.0 %
Medical Residents/Interns	0
Registered Nurses	311
Licensed Practical Nurses	50

** Except for CMI

SPECIALTY SERVICES:

Burn Unit	No
Cardiac Intensive Care	No
Comprehensive Geriatric	Yes
Hospice Care	No
Medical/Surgical Intensive Care	Yes
Organ/Tissue Transplant	No
Other Intensive Care	No
Trauma Center	Yes

OTHER SPECIALTY/HOSPITAL-BASED SERVICES:

Alcohol/Drug	No
Rehabilitation	No
Psychiatric	Yes
Medicare Swing Beds	Yes

*** Not used in calculating mortality rates**

MARYLAND

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%)								
		30 DAYS			90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	107,964	9.0	9.3	0.1	14.2	14.1	0.3	17.7	17.7	0.3
CONDITIONS:										
Acute Myocardial Infarction	3,192	23.8	25.7	0.9	28.4	28.8	1.3	31.9	31.6	1.5
Congestive Heart Failure	5,554	13.7	14.5	1.0	22.7	23.1	0.9	29.2	29.4	0.9
Pneumonia/Influenza	4,368	15.6	16.0	0.7	22.3	22.0	0.8	26.3	25.9	1.0
Chronic Obstructive Pulmonary Disease	1,754	9.5	9.0	0.8	15.7	15.6	0.9	20.4	20.4	1.2
Transient Cerebral Ischemia	1,685	2.4	1.7	0.6	4.5	3.8	0.7	6.5	6.1	0.8
Stroke	4,064	19.9	19.9	1.0	25.8	26.4	1.3	29.8	30.2	1.6
Hip Fracture	2,426	6.1	6.7	0.6	12.2	12.0	0.7	16.7	15.6	0.9
Sepsis	1,406	27.2	26.8	1.2	38.5	35.3	1.6	43.7	40.2	1.7
PROCEDURES:										
Angioplasty	426	2.6	2.7	0.8	3.8	3.8	1.0	4.9	4.7	1.1
Coronary Artery Bypass Graft	678	5.8	6.3	1.6	8.1	9.4	1.5	9.7	10.7	1.6
Initial Pacemaker Insertion	597	3.5	3.4	0.8	7.7	6.6	1.4	9.9	9.5	1.3
Carotid Endarterectomy	480	1.9	1.6	0.6	3.3	2.9	0.8	4.8	4.3	1.1
Hip Replacement/Reconstruction	1,589	2.6	3.1	0.6	5.7	5.8	0.6	8.2	7.9	0.7
Open Reduction of Hip Fracture	1,239	6.1	6.2	0.9	12.2	11.4	1.2	16.5	15.1	1.7
Prostatectomy	3,335	1.2	1.1	0.2	2.7	2.5	0.4	4.5	4.2	0.6
Cholecystectomy	1,756	3.3	2.9	0.5	5.4	5.4	0.6	7.2	7.3	0.7
Hysterectomy	707	1.4	0.7	1.0	2.3	1.6	1.3	3.0	2.6	1.3

* The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	74.0 years	Cancer	7.5 %
Proportion female	56.9 %	Chronic cardiovascular disease	33.6 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.9 %
Referred by personal or HMO physician	36.3 %	Chronic renal disease	3.8 %
Transferred from skilled nursing facility	1.3 %	Chronic pulmonary disease	13.5 %
Admitted for elective procedure	18.3 %	Cerebrovascular degeneration	4.5 %
Admitted for emergency	64.2 %	Diabetes mellitus	8.7 %

ALL STATES

FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY	NUMBER OF CASES	MORTALITY RATES (%) 30 DAYS OBS	30 DAYS PRED	30 DAYS SD*	90 DAYS OBS	90 DAYS PRED	90 DAYS SD*	180 DAYS OBS	180 DAYS PRED	180 DAYS SD*
ALL CAUSES	6,542,299	9.0	9.0	-----	13.9	13.7	-----	17.3	17.1	-----
CONDITIONS:										
Acute Myocardial Infarction	204,673	25.3	25.6	-----	29.5	28.7	-----	32.1	31.4	-----
Congestive Heart Failure	335,426	14.3	14.4	-----	22.9	22.8	-----	29.2	29.0	-----
Pneumonia/Influenza	313,303	15.3	15.5	-----	21.5	21.3	-----	25.5	25.1	-----
Chronic Obstructive Pulmonary Disease	107,387	8.0	8.0	-----	14.1	14.0	-----	18.7	18.5	-----
Transient Cerebral Ischemia	96,866	1.8	1.8	-----	4.0	4.0	-----	6.4	6.5	-----
Stroke	241,803	19.7	19.8	-----	26.5	26.3	-----	30.4	30.0	-----
Hip Fracture	163,386	6.7	6.5	-----	11.7	11.5	-----	15.1	15.0	-----
Sepsis	80,999	25.6	25.7	-----	34.6	33.8	-----	39.8	38.6	-----
PROCEDURES:										
Angioplasty	58,026	3.0	3.0	-----	4.0	4.0	-----	5.0	4.9	-----
Coronary Artery Bypass Graft	80,798	6.0	5.7	-----	8.3	8.1	-----	9.5	9.2	-----
Initial Pacemaker Insertion	49,642	3.2	3.3	-----	6.5	6.3	-----	9.1	9.1	-----
Carotid Endarterectomy	29,990	1.6	1.5	-----	2.8	2.8	-----	4.0	4.1	-----
Hip Replacement/Reconstruction	122,156	3.4	3.2	-----	6.2	5.9	-----	8.1	8.0	-----
Open Reduction of Hip Fracture	80,075	6.1	6.0	-----	11.2	11.0	-----	14.5	14.5	-----
Prostatectomy	211,087	0.9	1.0	-----	2.2	2.3	-----	3.7	3.8	-----
Cholecystectomy	124,259	2.9	2.7	-----	5.0	4.9	-----	6.5	6.5	-----
Hysterectomy	53,905	0.7	0.7	-----	1.4	1.5	-----	2.2	2.4	-----

* The Standard Deviation (SD) is not calculated.

FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:

Average age at admission	74.1 years
Proportion female	55.9 %

ADMISSION SOURCES/TYPES:

Referred by personal or HMO physician	46.1 %
Transferred from skilled nursing facility	1.1 %
Admitted for elective procedure	22.0 %
Admitted for emergency	46.5 %

COMORBIDITIES:

Cancer	7.6 %
Chronic cardiovascular disease	36.6 %
Chronic liver disease	1.0 %
Chronic renal disease	3.4 %
Chronic pulmonary disease	15.0 %
Cerebrovascular degeneration	3.9 %
Diabetes mellitus	8.0 %

Hospital Comments

MEDICARE PROVIDER NO. 210040

Baltimore County General Hospital

5401 Old Court Road
Randallstown. Maryland
21133

(301) 521-2200

Thank you for your advanced annual release of medical mortality information for Baltimore County General Hospital and your explanations of data results and analytic methodologies. We are pleased to note that your corrected version of the 1989 data display for "all causes" now places us within an acceptable range in this category.

We have carried out our own preliminary analysis relative to the 1990 data you sent to us. The following hospital information gathered by us is at variance with your report:

1. HCFA data indicates that 247 patients were inpatient mortalities. BCGH analysis reveals 242 patients died in hospital. (N.B. 5 patients were listed in HCFA data as death on day of discharge when actually these patients were discharged alive.)
2. HCFA information lists 7.3% of patients were skilled nursing facility transfers. BCGH data captures 8.2% of patients admitted from S.N.F.
3. The Medicare average LOS for BCGH was reported as 9.2 days. Our analysis is at variance with this since we calculated an ALOS of 8.9 days. (N.B. one of the aforementioned patients incorrectly listed as a death on the day of discharge, also had an incorrect admission date of 3/2/90 instead of an actual date of 3/20/90, a difference of 18 additional hospital days in the category of verified deaths.
4. Case mix index: HCFA = 1.2763; BCGH = 1.2875

While we are generally pleased with our mortality rates overall, we would like to comment on two categories:

1. Sepsis: We have looked at a sampling of these records and have demonstrated some coding errors which, when corrected, could improve mortality rates in this category.
2. Hip Replacement: In conjunction with the Chief of Orthopedics, we have preliminarily reviewed 51 of the 55 cases (93%) referred to in your sample size and have validated the coding for dx and procedure (100%). The following data and the accompanying narrative are offered as a constructive suggestion for possible future change in analysis of this particular procedure.

   a. Deaths in hospital = 5 (9%)
   b. Average LOS = 13 days (range = 5 - 47 days)
   c. Elective Admissions = 19 (37%); emergency admissions = 32 (63%); admissions with fracture = 34 (67%); admissions with non-fracture = 17 (33%)
   d. Age on admission - average = 79 [elective = 73 years (non fracture**), emergency = 81 years - (fractures)]. [N.B. of the patients admitted electively only 12% were 80 years or older and most had diagnosis of osteoarthritis. Of those patients who were urgent or emergency admits, 65% were 80 years of age or older. None of this latter category were total hip replacements, but rather partial hip replacements or more exactly "hip arthroplasties."]

   e. Severity of illness on admission (systemetrics)

	Fracture	Non-Fracture
Stage 1	50%	82%
Stage 2	41%	18%
Stage 3	9%	0%

Baltimore
County
General
Hospital

5401 Old Court Road
Randallstown, Maryland
21133

(301) 521-2200

f. Analysis of Hip Replacement Deaths at BCGH

# Cases	55	
# Deaths	12	(22%) (59% of these occurred after discharge)
# Emergency Admissions *	9	(82%)
# Elective Admissions	2	(18%)
# Admitted from Nursing Home	2	(1 elective and 1 emergency, both died after discharge)

Severity of Illness*
- Stage 1 - 1
- Stage 2 - 9
- Stage 3 - 1

Average length of stay - 16.5 days (Range 6-47 days)
Average age - 80 years old

* 1 patient died after discharge and chart was not available for review to verify admission source and type, severity of illness.
** Non-fracture = osteoarthritis or device complication

NARRATIVE

From preliminary analysis of our data, it seems that mortality from hip replacement has little to do with this procedure per se' but rather on a specific subset of patients who are older, are emergencies (due to hip fracture), and have increased severity of illness on admission.

If our mortality rate prediction for hip replacement is predicated on a national experience with like patients to arrive at a standard deviation (not withstanding the variance of the residual), then perhaps this procedure should be compared to the specific patient characteristics aforementioned. This especially is important in elective versus emergency hip surgery since the latter are almost certain to be hip fractures which are unselected. Elective admission, on the other hand, are usually pre-screened patients in better health generally (or their elective surgery would be deferred). In the procedure category, it may be advisable to compare total hip replacements as a separate entity from partial hip replacements; while in the conditions category, it may be desirable to compare osteoarthritis to hip fracture.

Having said this, we are aware that your listed BCGH mortality for both hip fracture and open reduction of same are well below the predicted mortality rates. While this is somewhat perplexing, it is obvious that further study needs to be done at BCGH in these categorical areas. Indeed, it seems that if some of the hip replacements/reconstruction were moved to the open reduction of hip fracture designation, it may change the ratio of these two designations. We are planning to do a prospective study of this area.

Thank you for pointing out this information to us. Naturally, we are interested in improving quality at our institution and your focus has been most helpful.

Sincerely,

Robert W. Fischer
President

/pl/1524B

CMH
CALVERT MEMORIAL HOSPITAL

100 Hospital Road
Prince Frederick, MD 20678
(301) 535-4000

Medicare Provider #210039

March 20, 1992

MEDICARE HOSPITAL MORTALITY INFORMATION COMMENTS:

The mortality data provided by the Health Care Financing Administration for federal fiscal year 1990 has been reviewed by staff at Calvert Memorial Hospital.

The overall mortality data was accurate. Mortality review is an ongoing concurrent process at our facility performed in a collaborative effort by the hospital staff and members of the medical staff.

In those cases that expired while hospitalized, the following information can be shared:

a. (128) or 59% expired on the selected admission or on a subsequent admission within the 180 day period.

b. Of these 128 deaths, none were unexpected in that prognosis was poor upon admission.

c. 62% of these cases expired due to multi-system deficits in conjunction with their primary diagnosis.

d. 80% of these selected cases were identified as having "Advanced Directives" or "No Code" orders established.

e. The average age of this patient group was 78 years.

Conditions and procedures was less significant statistically, but will still be used as indicators for a more focused mortality review in diagnostic areas such as Pneumonia/Influenza and Chronic Obstructive Pulmonary Disease. These conditions rank high among our patient population and community.

Thank you for this opportunity to comment on the data

presented. In our efforts to seek new ways to improve the care we provide and influence the health status of our community, this analysis can provide direction for further study.

Respectfully,

James J. Xinis,
President & CEO

JJX:sm

CHURCH
HOSPITAL

March 17, 1992

Gail R. Wilensky, Ph.D., Administrator
Health Care Financing Administration
Medicare Hospital Information
Bureau of Data Management and Strategy
Room 3-A-12, Security Office Park Building
6325 Security Boulevard
Baltimore, MD 21207-5187

RE: CHURCH HOSPITAL PROVIDER - 210026

Dear Dr. Wilensky:

Church Hospital has verified and analyzed the statistical mortality report for Fiscal Year 1990. We view the mortality report as an important component of our quality assurance program.

Church Hospital's observed mortality rates for "All Causes and Conditions" were either below the predicted rates or within the respective range of two standard deviations. For the categories of Transient Cerebral Ischemia, Initial Pacemaker Insertion and Cholecystectomy, the observed rates were above the predicted rates, but no standard deviations were provided for these.

Thank you for allowing us this opportunity to comment on the report.

Sincerely yours,

Ann Failing Busky

Ann Failing Busky
Vice President

The
Francis Scott Key
Medical Center

4940 Eastern Avenue / Baltimore, MD 21224
(301) 550-0100

210029

March 11, 1992

Gail R. Wilensky, Ph.D., Administrator
Health Care Financing Administration
Medicare Hospital Information
Bureau of Data Management and Strategy
Room 3-A-12, Security Office Park Building
6325 Security Boulevard
Baltimore, Maryland 21207-5187
ATTN: Robert Moore

RE: Hospital Medicare Provider Number - 210029

Dear Mr. Moore:

The Francis Scott Key Medical Center is in receipt of 1990 Medicare mortality data. We have reviewed the data and find that Medicare admissions and deaths in our long term care facility's chronic hospital have again as was the case last year, been inadvertently merged with acute hospital admissions and deaths. We have been in contact with your office concerning this error. Our chronic hospital Medicare provider number was changed July 1, 1989, from 21-0902 to 21-0029 which is the same as our acute hospital number. The Francis Scott Key Medical Center Chronic Hospital is an integral component of our 250 bed long term care facility. Patients admitted to our chronic hospital are typically older, more frail and sicker than patients admitted to our acute hospital, most having multiple system chronic disease with poor prognosis.

The Francis Scott Key Medical Center reviews mortality data on an ongoing basis as an integral part of our comprehensive quality assurance programs. All deaths, case by case, are reviewed. Since the fall of 1987, The Francis Scott Key Medical Center has participated in the Maryland Hospital Association's Quality Indicator Project. It is noteworthy that Francis Scott Key's mortality rate (all patients, all ages) has compared favorably to the statewide average.

JOHNS HOPKINS HEALTH SYSTEM

Mortality data are useful screening tools and are helpful in identifying potential areas that may require further evaluation. It is important to understand, however, that mortality statistics alone may not be used as a direct measure of a hospital's quality performance. The Francis Scott Key Medical Center, for example, has several distinctive features that serve to attract a patient population with unusual severity of illness. For example, HCFA's Medicare mortality data demonstrate that 94% of patients who died at The Francis Scott Key Medical Center were admitted via the Emergency Department.

We are appreciative of the opportunity to review HCFA mortality information prior to publication. We believe mortality review is an important component of quality assurance efforts. We urge continued refinement and testing of HCFA's statistical modeling however, in order to measure and account for patients' severity of illness with greater precision.

Sincerely,

Judy A. Reitz

Judy A. Reitz, R.N., Sc.D.
Vice President - Patient Care &
Medical Support Services

JAR/ljs

FREDERICK MEMORIAL HOSPITAL

400 West Seventh Street Frederick, Maryland 21701-4593 301-698-3300

210005

Medicare Mortality Data 1990
Frederick Memorial Hospital

Gail Wilensky, Ph.D. Administration
Health Care Financing Administration

Our comments this year are general as we only had a week or two to interpret this report before the March 20, 1992 deadline. I hope in the future we are given more time to prepare our comments.

We like the idea that data is provided over a 3 year period so that trends can be evaluated over more than 1 year.

The patient origin information shows that 80% of our medical patients are residents of our immediate community. We indeed provide the medical service for a large segment of our local population. Yet 20% of our patient lends credence to the concept that we are becoming a regional medical center. We note that our length of stay of 7.6 days is substantially shorter than the rest of Maryland (9.5 days) or the nation (8.6 days). We take pride in the success of our utilization program.

The hospital mortality rate for medicare patients in 1990 as a group is within 2 standard deviations of the mean but slightly higher than the median predicted value. Based on this data, we will be looking at our own experience at Frederick Memorial Hospital in regards to congestive heart failure, stroke and hip fracture mortality rates. These rates are higher than the predicted rates for the 1989-90 year. On review of the statistics for the two previous years, the mortality rates then were less than predicted. At this point we do not know whether these 1990 figures are just a statistical variation or not. Since our internal QA program has products no reason for concern we feel that statistical variation is probably the answer.

We wonder why cancer is not included as a primary condition. We have a very active cancer program here including a research branch of N.C.I. We wonder if the generally high mortality rate from cancer in general may not afflict our mortality rate from all causes.

The only procedure that showed a higher mortality rate than expected is prostatectomy . We have about a 2 1/2 x higher mortality rate than predicted for the first 30 days after admission.. However, this number is derived from only 7 cases, 4 dying in the hospital after surgery and 3 others dying after discharge but less than 30 days from the last admission. We will review these cases again for any quality issues but feel that the numbers are two small to be significant. Also the hospital mortality rate for prostatectomy was less than predicted the 2 previous years.

We take this mortality data seriously and will look closely for an opportunity to improve our service to our patients. While the correlation of mortality data to quality care is still debated, we will leave no stone unturned to continue providing a quality service to our community.

Charles E. Wright, M.D.
Vice President for Medical Affairs
Administrator

MARYLAND GENERAL HOSPITAL

827 Linden Avenue
Baltimore, Maryland 21201
301 225-8000

Medicare Provider NO. 21-0038

Maryland General Hospital has reviewed the mortality information compiled by the Health Care Financing Administration. We believe that mortality data is one screening tool available to hospitals for performing the peer review process. However, mortality rates by themselves do not measure quality, nor should they ever be used to reach conclusions regarding quality of care. It is only through actual case review conducted by Maryland General Hospital's trained professionals that quality judgements can be made.

Upon detailed review of the 1990 data, it was determined that there was inaccurate information in three of the conditions that were analyzed for predictability of mortality.

They were:

Transient Cerebral Ischemia: One of the three reported deaths included in the sample did not have a final diagnosis of Transient Cerebral Ischemia. It was included as a possible diagnosis on admission, however, it was found to be metastatic carcinoma. The record is appropriately coded.

Fractured Hip: One patient expired eleven months post discharge and should not have been included in the sample.

One patient was admitted and treated for an unrelated cause and had not been treated for a fractured hip. The patient's medical record is appropriately coded.

Open Reduction of Fractured Hip: This patient was inaccurately reported as having an open reduction of fractured hip and there was no evidence of the procedure being performed at Maryland General Hospital. The record is appropriately coded.

Since our review of these records indicate that they were all appropriately coded, a transmission error may have occurred in submitting the data. We are reviewing the data transmission from the hospital to the Fiscal Intermediary and from the Fiscal Intermediary to the Health Care Financing Administration.

Quality of care is of utmost concern to the hospital's governing board, management and medical staff. Mortality data is a useful indicator of quality only when used in conjunction with the entire spectrum of care and all possible outcomes. Because of its importance, Maryland General Hospital has a comprehensive ongoing quality assurance program that evaluates the quality and appropriateness of all aspects of patient care. Any indication of a potential quality problem, including but not limited to those associated with mortality, leads to corrective action and follow-up activities to assure resolution.

PRINCE GEORGE'S HOSPITAL CENTER

3001 Hospital Drive Cheverly, Maryland 20785 (301) 618-2000

March 20, 1992

Gail R. Wilensky, Ph.D., Administrator
Health Care Financing Administration
Medicare Hospital Information
Bureau of Data Management and Strategy
Room 3-A-12, Security Office Park Building
6325 Security Boulevard
Baltimore, MD 21207-5187
ATTN: Robert Moore

RE: Medicare Provider
210003

Dear Ms. Wilensky:

I am pleased to respond to the FY 1990 Medicare Mortality data for Prince George's Hospital Center.

Once again, Prince George's Hospital Center falls within the expected range for all causes of deaths. As part of our ongoing quality improvement efforts, we have reviewed and will continue to review all inpatient deaths. Of the 425 deaths included in the study, 261 patients died outside of our hospital, and we were unable to verify their deaths. Additionally, 15 patients died in the emergency department and at least 9 died in a nursing home. The average age of our patients was 72 and almost 60% were admitted through our emergency department.

In the three categories for which we were given sufficient information to be able to conduct statistical analyses of the data (Congestive Heart failure, Pneumonia/Influenza, and Stroke), we were pleased to find that we were within the expected range for deaths in each category.

As in the past, we will incorporate this information into our quality improvement program.

Very truly yours

Allan Atzrott
Chief Executive Officer

AA/tp

20 March 1992

Gail R. Wilensky, Ph.D., Administrator
Health Care Financing Administration
Medicare Hospital Information
Bureau of Data Management and Strategy
Room 3-A-12, Security Office Park Building
6325 Security Boulevard
Baltimore, Maryland 21207-5187

Attention: Mr. Robert Moore

RE: Southern Maryland Hospital
Medicare Provider Number 21-0054

Dear Mr. Moore:

Southern Maryland Hospital wishes to make the following comments about the information regarding Medicare patients treated in this facility during fiscal year 1990:

* The report shows that this hospital's Standardized Mortality Ratio for all conditions and procedures falls within the 97th percentile at 30 days after admission, and within the 75th percentile at both 90 days and 180 days after admission. The detailed statistical data has been incorporated into our continuous quality assessment and improvement process.

* Since the government's information is compiled from Medicare billing records, the published data may not accurately reflect the severity of illness of the patients that were admitted. As a regional referral center, this hospital typically treats sicker patients.

* The government's data includes deaths that occur after discharge from the hospital. Therefore, the actual cause of death may be unrelated to the condition that was treated in the hospital, or may be obscured by events that occur outside the hospital, such as inadequate home care, or unavailability of nursing home care.

Southern Maryland Hospital supports HCFA's initiative to help Medicare beneficiaries make more informed health care decisions. However, we do not agree that the published data give a completely accurate reflection of the quality of the medical services provided at any hospital.

Sincerely,

Sebastian Suriani
Executive Vice President

Hospital ID #210002

University of Maryland Medical Center

UNIVERSITY OF MARYLAND MEDICAL SYSTEM

EXECUTIVE OFFICE

22 South Greene Street
Baltimore, Maryland 21201-1595

March 16, 1992

Gail R. Wilensky, Ph.D., Administrator
Health Care Financing Administration
Medicare Hospital Information
Bureau of Data Management and Strategy
Room 3-A-12, Security Office Park Building
6325 Security Boulevard
Baltimore, Maryland 21207-5187
ATTN: Robert Moore

Dear Ms. Wilensky:

I am writing to request one correction to the "Hospital Characteristics" section of the report. The report indicates that the University of Maryland Medical System (UMMS) does not operate a Cardiac Intensive Care Unit. This is incorrect. The University of Maryland Medical System is a major provider of cardiac care in Maryland and has operated a Cardiac Intensive Care Unit for many years.

I would appreciate the correction. Thank you.

Sincerely,

Morton I. Rapoport, M.D.
President and Chief Executive Officer

MIR:js

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